



# **Austin Travis County Integral Care**

## **Fiscal Year 2011 Budget**



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## Austin Travis County Integral Care Board of Trustees



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## **QUALITY MANAGEMENT PROGRAM PLAN**

Austin Travis County Integral Care values and adheres to a philosophy of total quality management in all of its endeavors. The overall goal of the Quality Management Program Plan is to continuously improve the quality and effectiveness of services to consumers, and administrative operations which support service providers, by evidence based practices, ongoing monitoring and evaluation activities using quality mechanisms and key processes, modeled after the criteria used in the Malcolm Baldrige National Quality Award Program. Timely and meaningful network performance results are reported to oversight bodies such as, the Board of Trustees, the Quality Leadership Team, the Clinical Quality Committee, Consumer Council, Planning and Network Advisory Committee and funders.

## **QUALITY LEADERSHIP TEAM**

The Quality Leadership Team (QLT) is comprised of management members. The major goal of the QLT is to provide oversight of quality improvement processes and to ensure objectivity. The Quality Leadership Team has the following responsibilities:

- Monitoring and evaluating quality care issues through identified key indicators and outcome data;
- Increasing management efficiency and effectiveness;
- Establishing criteria and monitoring results of quality improvement activities, and assigning quality improvement teams, as appropriate;
- Tracking activities and studies in progress or completed;
- Monitoring the implementation of the Quality Management Program Plan;
- Providing recommendations for improvement.





## STRATEGIC PLAN FY 2008-2010

*Note: FY 2011-2013 Strategic Plan – is pending approval of Board of Trustees.*

### VISION

A caring and healthy community that supports individuals and families in achieving self-reliance and self-determination.

### MISSION

Improving the lives of people who experience mental, emotional or substance use disorders and intellectual and developmental disabilities and delays.

### VALUES

♦ People

♦ Integrity

♦ Excellence

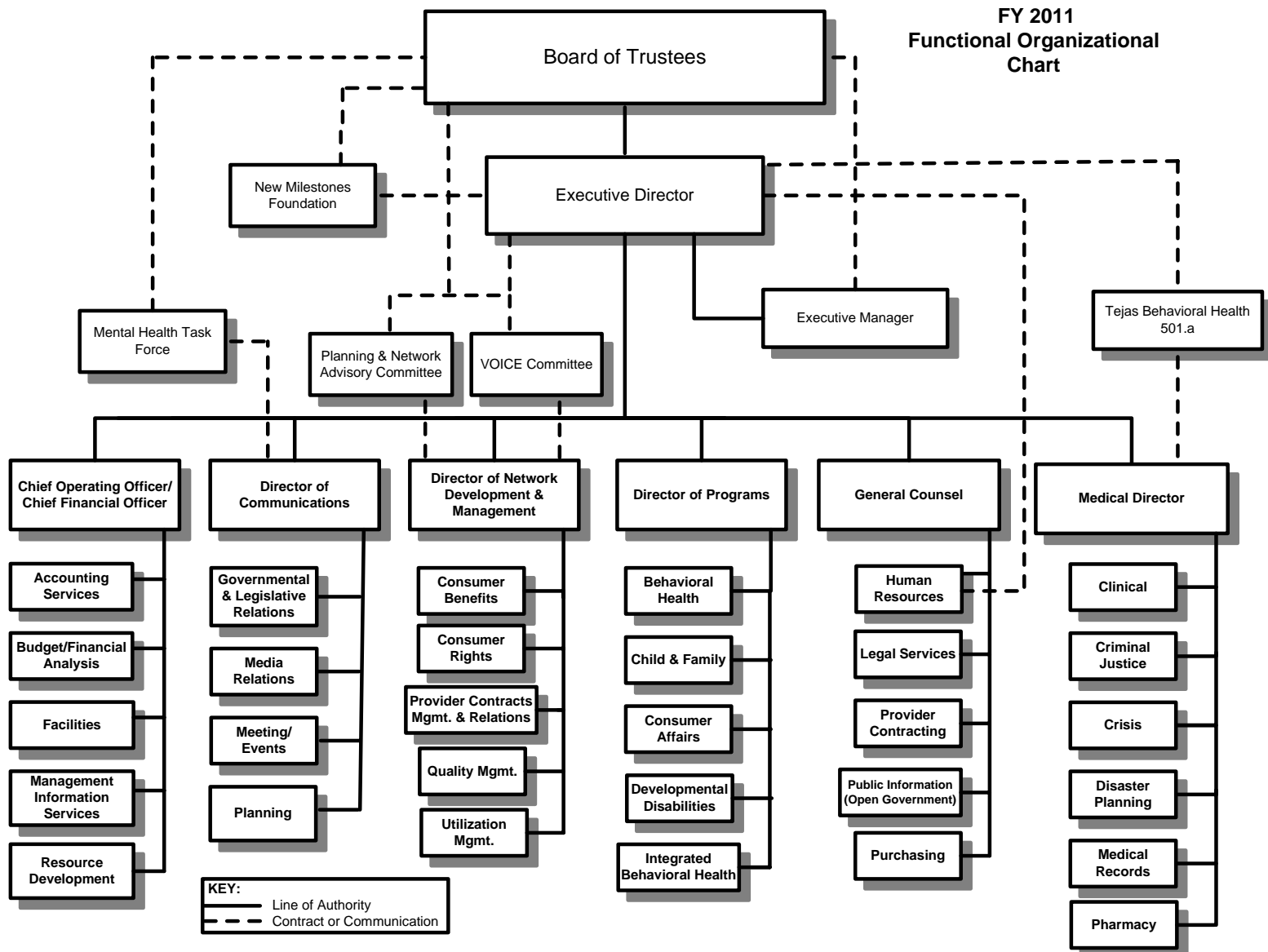
### GOALS

Goal 1: Treatment and Support Services: Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.

Goal 2: Workforce: Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.

Goal 3: Stewardship: Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.

Goal 4: Leadership: Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.





## **FY 2011 BUDGET PLAN CENTER SUMMARY**

### **Overview**

Austin Travis County MHMR dba Austin Travis County Integral Care (ATCIC) is governed by a nine-member Board of Trustees. The Board members are appointed by the sponsoring agencies. The City of Austin (four trustees), Travis County (four trustees) and the Austin Independent School District (one trustee).

The process to develop the fiscal year 2011 budget began with a Board approved calendar. The proposed budget is a year long process of Board direction and stakeholder feedback to arrive at an annual business plan and operating budget. The process included expanded outreach to broad segments of the community. Input was received from the public sector, advisory committees, consumer and family councils, community forums, contract providers and staff. All groups received a schedule and guiding principles for the FY2011 budget process. These collaborative efforts provided guidance in preparing the annual business plan and the annual operating budget.

ATCIC has created alliances and partnerships with the private sector and government agencies. ATCIC has strengthened its leadership role in the community as an authority while continuing to improve access, choice, quality and reduce costs through increased efficiencies.

We will continue the participatory process during the fiscal year to insure we meet the needs of the community and provide consumer-driven quality services.

### **BOARD OF TRUSTEES BUDGET GUIDANCE PRINCIPLES FOR PREPARATION**

1. Ensure stakeholder participation (consumers, families, employees, Advisory Committees, and Providers) in the Budget Process and Strategic Plan.
2. Budget operationalizes strategic plan.



3. Budget for consumer-driven services reflecting quality, access, best practices, and best value (including family, significant others, and trained volunteers in treatment of consumers).
4. Budget for emerging issues developed during Strategic Planning Process.
5. Budget operations within contract parameters.
6. Maximize Resource Development to meet current and emerging community needs.
7. Provide compensation package for all employees within available resources.
8. Budget for mission essential infrastructure.
9. Commitment to continuation of current direct services unless review of options allows no better choice than the reduction of services.
10. Fund Balance expenditures are intended for bridge or one time costs.

## **STAKEHOLDER INPUT**

- Community Forum (March 23, 2010)
- Employee Forums (March 12, 2010 and two (2) meetings on March 16, 2010)
- Planning & Network Advisory Committee/VOICE/Consumer Council (March 11, 2010)

## **MAJOR IMPACT BUDGET ASSUMPTIONS**

- Governor has instructed State agencies to submit a plan for a 5% reduction to be submitted by February 19, 2010. This potentially could result in a reduction passed down to our Center Contracts;
- Potential City and County budget reductions;
- No identified funding sources to address Consumer Waiting Lists;
- State Hospital Beds will be managed to allotted levels;
- The Pharmacy paid prescription budget will be managed using every potential funding source;



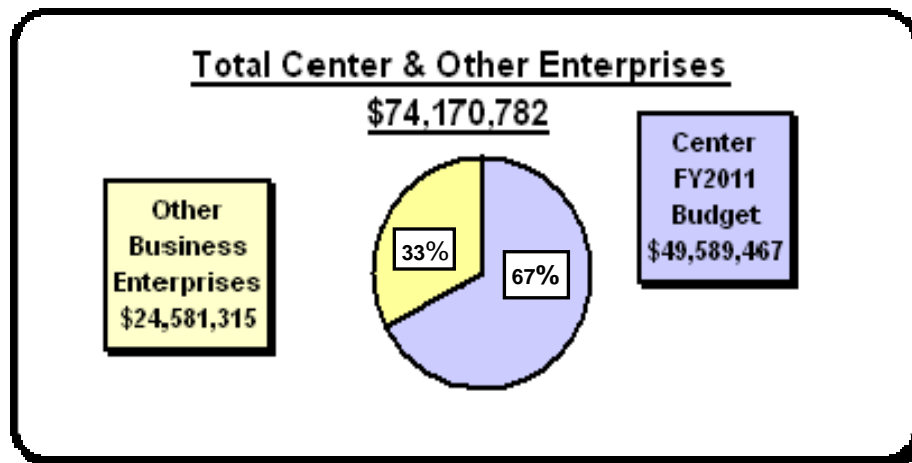
- Fee for service revenues will be earned as projected;
- Continue reduction in interest income;
- Continue to address infrastructure upgrades and replacements;
- Could Strategic Plan result in increase costs in certain areas?
- Cost to narrow the gap between Center Salary Class Compensation and State's (currently Center at 2006 level) without identified funding source to accomplish such narrowing;
- Uncertainty over State's intention and rollout of new and existing Substance Use Benefits via Medicaid; and
- Staff will continue the implementation of Local Planning and Network Development which will enlarge Center's external Provider Network.



## FY 2011 BUDGET EXECUTIVE SUMMARY

**Budget:** The proposed fiscal year 2011 budget is \$49,589,467. This is an increase of \$1,036,990, 2.14% from fiscal year 2010 amended budget.

The Center continues to provide authority, administrative and fiscal support services to other business enterprises. These other business enterprise operations are valued at \$24,581,315 (see next page for listing) for a total \$74,170,782.



**Clients:** There are 20,000 total projected unduplicated clients to be served in fiscal year 2011.

**FTE's:** There are 577.57 budgeted full time equivalent (FTE) positions for fiscal year 2011 compared to the current fiscal year 2010 amended budgeted positions of 583.50, a reduction of (5.93) positions.

**Fund Balance:** Included in the 2011 budget are the projected expenses of \$188,235 associated with the designated fund balance reserves for the Midelburg donation. The donated funds of \$678,022 from the Midelburg trust fund were recognized as revenue in the 2009 audit. These funds are reserved within Center's fund balance to provide case management and supported housing services.



## OTHER BUSINESS ENTERPRISES MANAGED BY THE CENTER

In addition to the FY2011 proposed budget of \$49,589,467 the Center provides authority, administrative and fiscal services for other business enterprises. The cost and revenue associated with these activities are not included in the Center's budget.

<b>The additional business enterprises include:</b>	<b>Annual Amount or Value:</b>
<b>NMF Housing I - VII, Inc.</b>	<b>\$692,160</b>
<b>New Milestones Foundation, Inc. (NMF)</b>	<b>\$592,864</b>
<b>Community Action Network (CAN)</b>	<b>\$375,834</b>
<b>Indigent Care Collaboration (ICC)</b>	<b>\$646,860</b>
<b>State Hospital Allocation Methodology (SHAM)</b>	<b>\$10,383,122</b>
<b>Hospital District – In-Patient Hospital Beds</b>	<b>\$6,094,702</b>
<b>Patient Assistance Program (PAP)</b>	<b>\$3,687,532</b>
<b>Client Trust Accounts</b>	<b>\$138,000</b>
<b>Housing Authority of the City of Austin</b>	<b>\$534,924</b>
<b>Housing Authority of Travis County</b>	<b>\$673,536</b>
<b>Tejas – Seton CHIP</b>	<b>\$628,300</b>
<b>Austin Recovery – St. David's Foundation</b>	<b>\$133,481</b>
<b>Total</b>	<b>\$24,581,315</b>

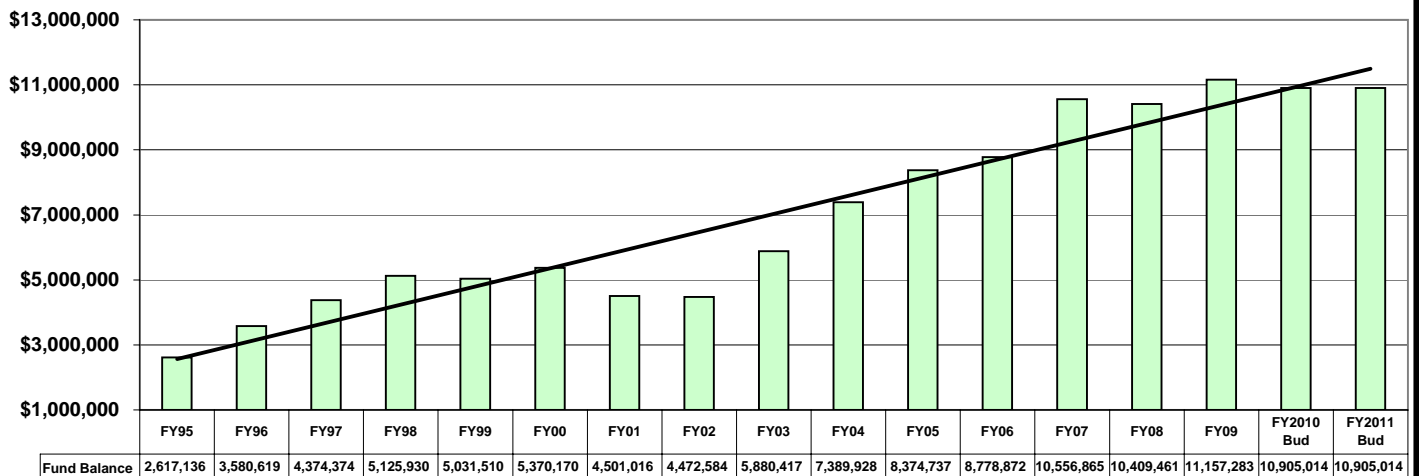




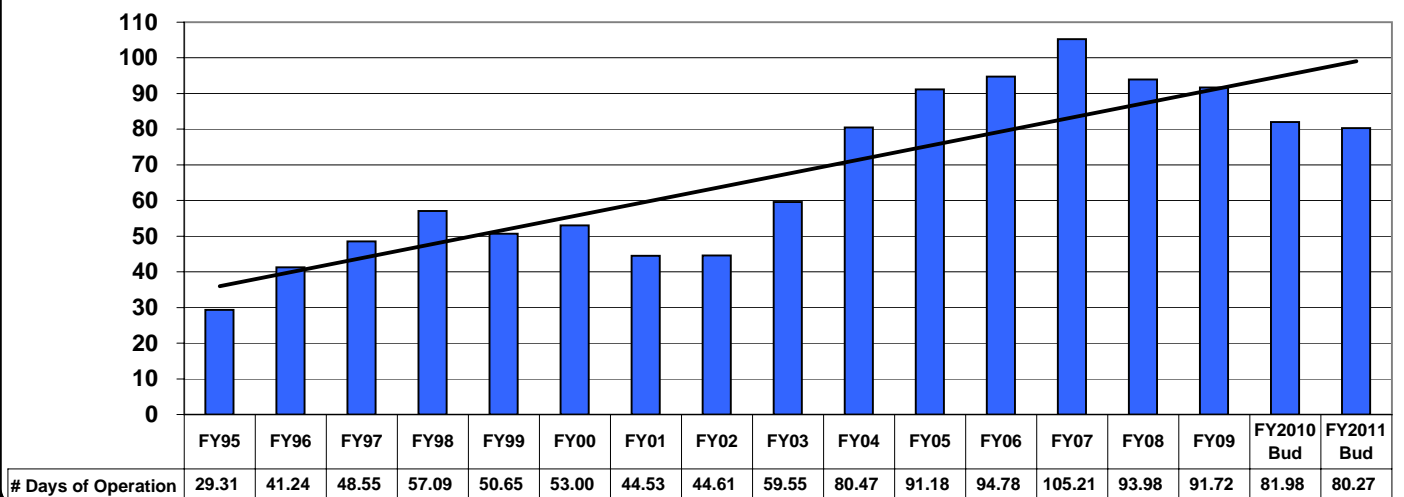
## AUSTIN TRAVIS COUNTY INTEGRAL CARE BUDGETED FUND BALANCE

Fund Balance required to meet 90 days of operations for FY2011 Budget	\$ 12,227,540
Fund Balance at end of FY2009	\$ 11,157,283
Fund Balance Budget in FY2010	(\$252,269)
Fund Balance Budget at end of FY2010	\$10,905,014
Number of days of operation in projected Fund Balance at beginning of FY2011	80.27
Fund Balance Increase Required to meet 90 days of operations for FY2011 Budget	\$ 1,322,526

Fiscal Year Fund Balance



Number of Days of Operation of General Fund Balance

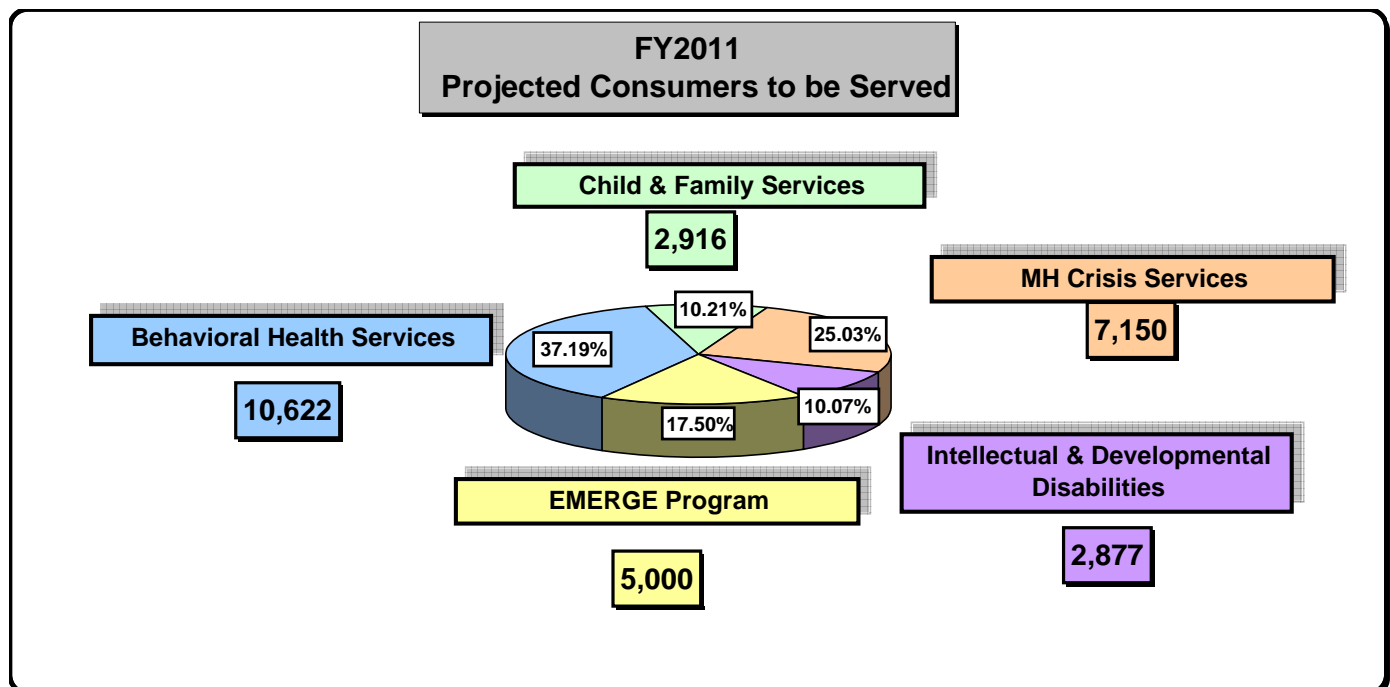




## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2011 PROJECTED CONSUMERS

Division	FY2011 Projection		FY2011 Change from FY2010 Revised Projection		FY2010 Projection		
	Consumers	% of Total	Incr / (Decr)	Incr / -Decr	Original	Revised	Change
Behavioral Health Services	10,622	37.19%	0	0.00%	10,500	10,622	122
Child & Family Services	2,916	10.21%	86	3.04%	2,675	2,830	155
MH Crisis Services	7,150	25.03%	0	0.00%	6,993	7,150	157
Intellectual & Developmental Disabilities	2,877	10.07%	840	41.24%	1,623	2,037	414
EMERGE Program	5,000	17.50%	200	4.17%	4,800	4,800	0
<b>Total</b>	<b>28,565</b>	<b>100%</b>	<b>1,126</b>	<b>4.10%</b>	<b>26,591</b>	<b>27,439</b>	<b>848</b>

- Notes:**
- The total FY2011 projection of 28,565 is a total of each division's unduplicated consumers. This total projection includes some duplication of consumers among divisions. The estimated total unduplicated clients to be served is 20,000 for fiscal year 2011 (excluding the EMERGE Program).
  - Intellectual and Developmental Disabilities division of service projects increases in FY2010 and FY2011 due to the rollout of Home and Community Case Management Services to clients served by private providers and serving additional general revenue funded clients in FY2011.





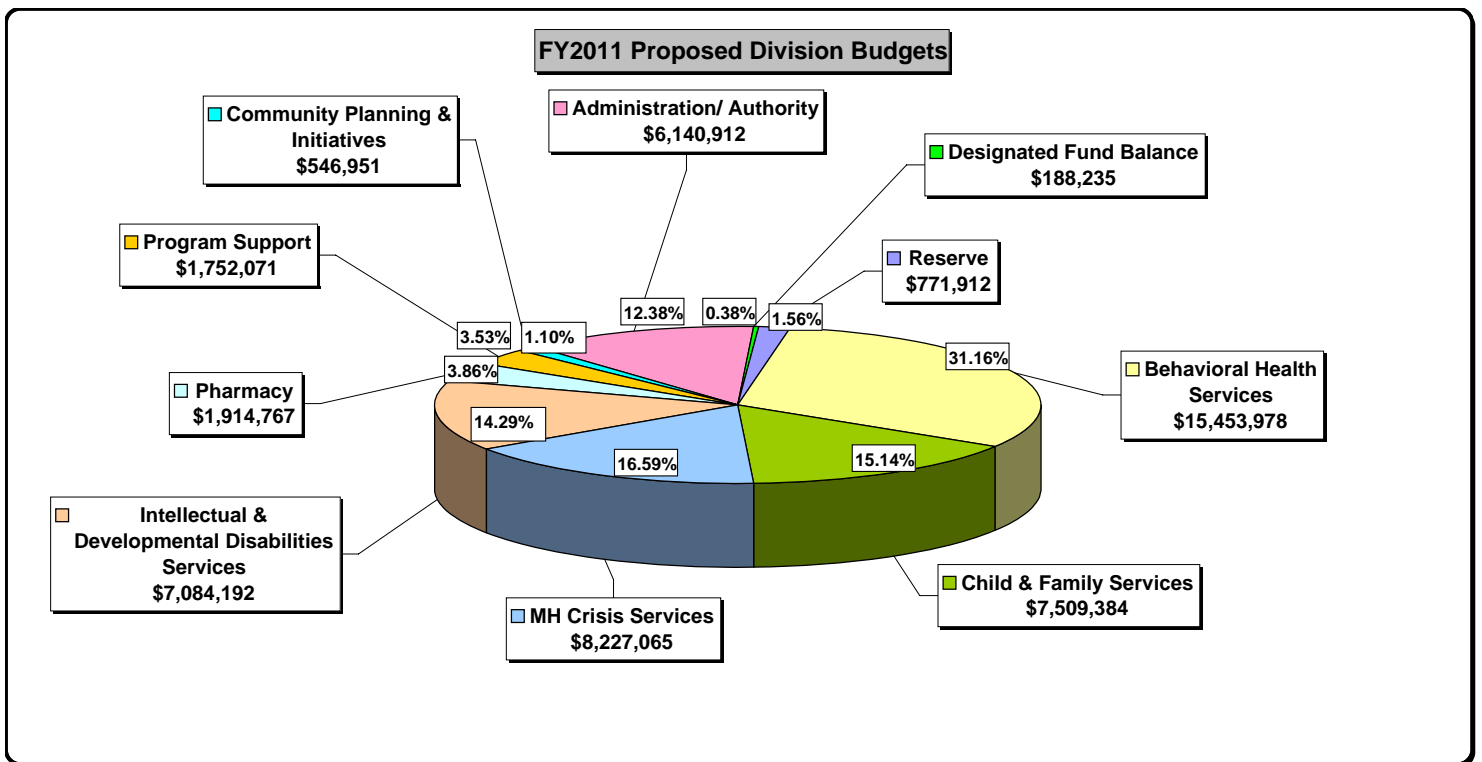
**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2011 PROPOSED BUDGET  
CENTER TOTAL**

	FY 2011 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2010 CURRENT	PERCENT BUDGET CHANGE	FY 2010 ORIGINAL BUDGET	FY 2010 CURRENT BUDGET	FY 2010 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 4,792,487	9.66%	\$ 33,172	0.70%	\$ 4,697,870	\$ 4,759,315	\$ 61,445
Travis County	\$ 3,827,520	7.72%	\$ (147,181)	-3.70%	\$ 3,629,642	\$ 3,974,701	\$ 345,059
Client Fees, Rents, & Insurance	\$ 418,969	0.84%	\$ 1,153	0.28%	\$ 417,816	\$ 417,816	\$ -
Rental Income	\$ 455,878	0.92%	\$ 16,916	3.85%	\$ 438,962	\$ 438,962	\$ -
Other Local	\$ 1,095,002	2.21%	\$ (323,365)	-22.80%	\$ 1,215,286	\$ 1,418,367	\$ 203,081
<b>Total Local Funds</b>	<b>\$ 10,589,856</b>	<b>21.36%</b>	<b>\$ (419,305)</b>	<b>-3.81%</b>	<b>\$ 10,399,576</b>	<b>\$ 11,009,161</b>	<b>\$ 609,585</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 18,493,530	37.29%	\$ 20,908	0.11%	\$ 17,149,437	\$ 18,472,622	\$ 1,323,185
DSHS Substance Abuse	\$ 2,259,627	4.56%	\$ 105,895	4.92%	\$ 2,153,732	\$ 2,153,732	\$ -
DADS	\$ 4,264,799	8.60%	\$ (345,637)	-7.50%	\$ 4,202,884	\$ 4,610,436	\$ 407,552
TCOOMMI	\$ 1,369,975	2.76%	\$ (30,400)	-2.17%	\$ 1,407,252	\$ 1,400,375	\$ (6,877)
DARS (Early Childhood Intervention)	\$ 1,675,709	3.38%	\$ 302,091	21.99%	\$ 1,328,144	\$ 1,373,618	\$ 45,474
Other State	\$ 40,000	0.08%	\$ 2,644	7.08%	\$ 37,356	\$ 37,356	\$ -
<b>Total State Funds</b>	<b>\$ 28,103,640</b>	<b>56.67%</b>	<b>\$ 55,501</b>	<b>0.20%</b>	<b>\$ 26,278,805</b>	<b>\$ 28,048,139</b>	<b>\$ 1,769,334</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 6,925,287	13.97%	\$ 866,056	14.29%	\$ 6,041,601	\$ 6,059,231	\$ 17,630
HCS / Tx Hm Lvg Waiver	\$ 2,845,093	5.74%	\$ 613,680	27.50%	\$ 1,910,964	\$ 2,231,413	\$ 320,449
Other Federal	\$ 1,125,591	2.27%	\$ (78,942)	-6.55%	\$ 1,126,830	\$ 1,204,533	\$ 77,703
<b>Total Federal Funds</b>	<b>\$ 10,895,971</b>	<b>21.97%</b>	<b>\$ 1,400,794</b>	<b>14.75%</b>	<b>\$ 9,079,395</b>	<b>\$ 9,495,177</b>	<b>\$ 415,782</b>
<b>TOTAL REVENUES</b>	<b>\$ 49,589,467</b>	<b>100.00%</b>	<b>\$ 1,036,990</b>	<b>2.14%</b>	<b>\$ 45,757,776</b>	<b>\$ 48,552,477</b>	<b>\$ 2,794,701</b>
<b>EXPENDITURES</b>							
Salaries	\$ 24,517,997	49.44%	\$ 1,133,353	4.85%	\$ 22,773,224	\$ 23,384,644	\$ 611,420
Fringe Benefits	\$ 7,565,492	15.26%	\$ 207,448	2.82%	\$ 7,198,205	\$ 7,358,044	\$ 159,839
Travel \ Workshop	\$ 682,931	1.38%	\$ 10,772	1.60%	\$ 621,672	\$ 672,159	\$ 50,487
Prescription Drugs and Medication	\$ 1,634,718	3.30%	\$ (499,973)	-23.42%	\$ 2,134,943	\$ 2,134,691	\$ (252)
Consumable Supplies	\$ 283,141	0.57%	\$ (16,470)	-5.50%	\$ 278,830	\$ 299,611	\$ 20,781
Contracted Services	\$ 9,596,021	19.35%	\$ 241,456	2.58%	\$ 7,919,593	\$ 9,354,565	\$ 1,434,972
Capital Outlay	\$ 342,903	0.69%	\$ (179,996)	-34.42%	\$ 413,402	\$ 522,899	\$ 109,497
Furniture & Equipment	\$ 504,349	1.02%	\$ (168,714)	-25.07%	\$ 442,371	\$ 673,063	\$ 230,692
Facility \ Telephone \ Utility	\$ 2,732,509	5.51%	\$ 104,688	3.98%	\$ 2,527,965	\$ 2,627,821	\$ 99,856
Insurance Costs	\$ 140,772	0.28%	\$ 12,281	9.56%	\$ 121,031	\$ 128,491	\$ 7,460
Vehicle Costs	\$ 106,515	0.21%	\$ (5,484)	-4.90%	\$ 98,815	\$ 111,999	\$ 13,184
Professional Fees	\$ 150,541	0.30%	\$ 5,452	3.76%	\$ 145,089	\$ 145,089	\$ -
Other Operating Costs	\$ 672,314	1.36%	\$ 61,439	10.06%	\$ 564,922	\$ 610,875	\$ 45,953
Client Support Costs	\$ 659,264	1.33%	\$ 130,738	24.74%	\$ 517,714	\$ 528,526	\$ 10,812
<b>TOTAL EXPENDITURES</b>	<b>\$ 49,589,467</b>	<b>100.00%</b>	<b>\$ 1,036,990</b>	<b>2.14%</b>	<b>\$ 45,757,776</b>	<b>\$ 48,552,477</b>	<b>\$ 2,794,701</b>
<b>TOTAL FTE'S</b>	<b>577.57</b>		<b>(5.93)</b>	<b>-1.02%</b>	<b>537.73</b>	<b>583.50</b>	<b>45.77</b>



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2011 PROPOSED DIVISION BUDGET SUMMARY

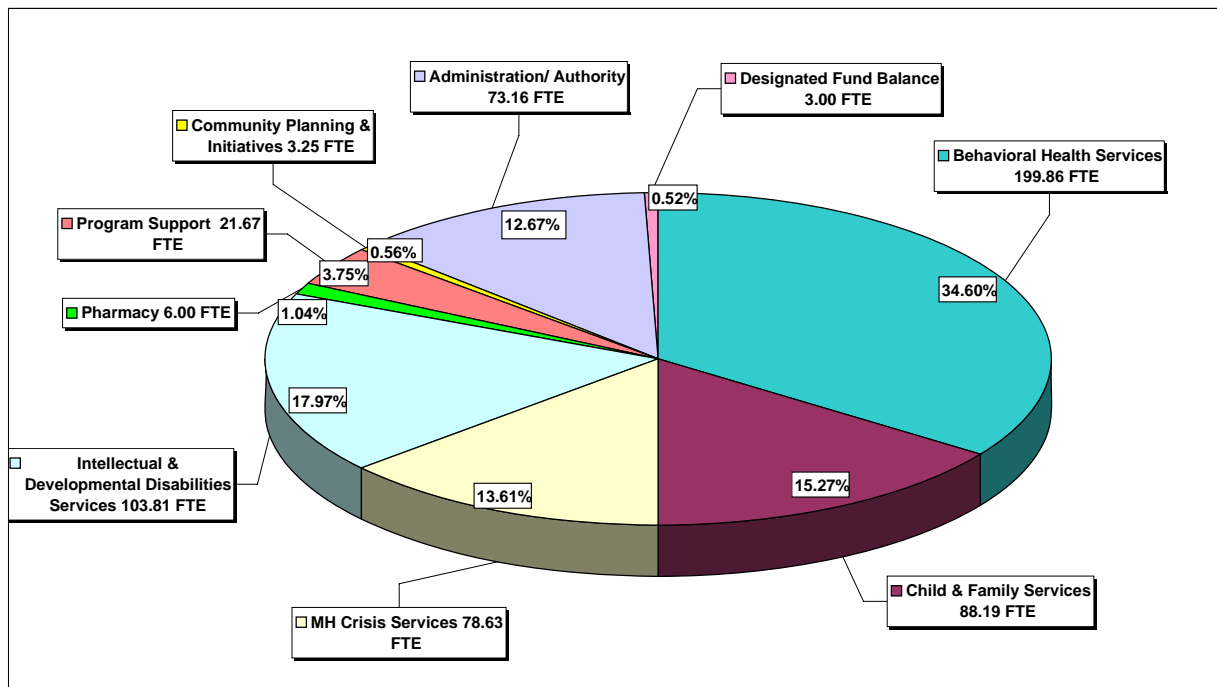
Division	FY2011 Proposed Budget		Change 2010 Current Budget		FY2010 Budget		
	Total	%	Incr/(Decr)	Incr-/Decr	Original	Current	Change
Behavioral Health Services	\$15,453,978	31.16%	\$537,075	3.60%	\$14,134,948	\$14,916,903	\$781,955
Child & Family Services	\$7,509,384	15.14%	\$658,197	9.61%	\$6,434,829	\$6,851,187	\$416,358
MH Crisis Services	\$8,227,065	16.59%	(\$283,680)	-3.33%	\$8,324,412	\$8,510,745	\$186,333
Intellectual & Developmental Disabilities Services	\$7,084,192	14.29%	\$322,227	4.77%	\$6,146,821	\$6,761,965	\$615,144
Pharmacy	\$1,914,767	3.86%	(\$472,206)	-19.78%	\$2,379,577	\$2,386,973	\$7,396
Program Support	\$1,752,071	3.53%	\$7,352	0.42%	\$1,792,958	\$1,744,719	(\$48,239)
Community Planning & Initiatives	\$546,951	1.10%	(\$11,224)	-2.01%	\$370,643	\$558,175	\$187,532
Administration/ Authority	\$6,140,912	12.38%	(\$14,814)	-0.24%	\$5,912,721	\$6,155,726	\$243,005
Designated Fund Balance	\$188,235	0.38%	(\$64,034)	-25.38%	\$77,269	\$252,269	\$175,000
Reserve	\$771,912	1.56%	\$358,097	86.54%	\$183,598	\$413,815	\$230,217
<b>Total</b>	<b>\$49,589,467</b>	<b>100.00%</b>	<b>\$1,036,990</b>	<b>2.14%</b>	<b>\$45,757,776</b>	<b>\$48,552,477</b>	<b>\$2,794,701</b>





# **AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2011 PROPOSED FULL TIME EQUIVALENT (FTE) POSITION BUDGET**

Division	FY2011 Proposed Budget		Change 2010 Current		FY2010 Budget		
	FTE	%	Incr / (Decr)	Incr / -Decr	Original	Current	Change
Behavioral Health Services	199.86	34.60%	4.14	2.12%	183.83	195.72	11.90
Child & Family Services	88.19	15.27%	4.11	4.89%	81.78	84.08	2.30
MH Crisis Services	78.63	13.61%	(3.68)	-4.47%	76.50	82.30	5.80
Intellectual & Developmental Disabilities Services	103.81	17.97%	(10.45)	-9.15%	92.51	114.26	21.75
Pharmacy	6.00	1.04%	0.00	0.00%	5.00	6.00	1.00
Program Support	21.67	3.75%	(1.75)	-7.47%	22.92	23.42	0.50
Community Planning & Initiatives	3.25	0.56%	0.75	30.00%	1.30	2.50	1.20
Administration / Authority	73.16	12.67%	0.94	1.30%	71.90	72.22	0.33
Designated Fund Balance	3.00	0.52%	0.00	0.00%	2.00	3.00	1.00
Reserve	0.00	0.00%	0.00	100.00%	0.00	0.00	0.00
<b>Total</b>	<b>577.57</b>	<b>100.00%</b>	<b>(5.93)</b>	<b>-1.02%</b>	<b>537.73</b>	<b>583.50</b>	<b>45.77</b>



**FY 2011 BUDGET PLAN**  
**CENTER FACILITIES**

Center operations are conducted at 46 sites in a diverse real estate portfolio spread throughout the Austin, Travis County area. All facilities are conveniently located with easy access to major traffic arteries. Housing facilities and Developmental Disabilities group homes are located with easy access to bus routes, grocery stores, and neighborhood parks.

<b><u>Owned Properties</u></b>	<b><u>Number of Sites</u></b>	<b><u>Square Footage</u></b>	<b><u>Replacement Cost</u></b>
Commercial*	11	105,306	\$11,035,343
DD group homes	4	8,094	\$ 669,779
Residential	<u>9</u>	<u>48,204</u>	<u>\$ 4,862,145</u>
<b>Subtotal</b>	<b>24</b>	<b>161,604</b>	<b>\$14,575,529</b>

Replacement cost was determined by Texas Council Risk Management Fund (TCRMF) upon individual inspection of each property. Replacement cost does not indicate market value.

\* Two of these facilities are combination office/residential.

**Leased Properties**

Commercial	7	35,858
Residential	5	25,668
Storage Units	<u>2</u>	<u>350</u>
<b>Subtotal</b>	<b>14</b>	<b>61,876</b>

<b>NMF Properties</b>	<b>8</b>	<b><u>55,948</u></b>	<b><u>\$ 6,653,750</u></b>
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\*NMF VI is two properties

<b>Grand Total</b>	<b><u>46</u></b>	<b><u>279,428</u></b>	<b><u>\$21,229,279</u></b>
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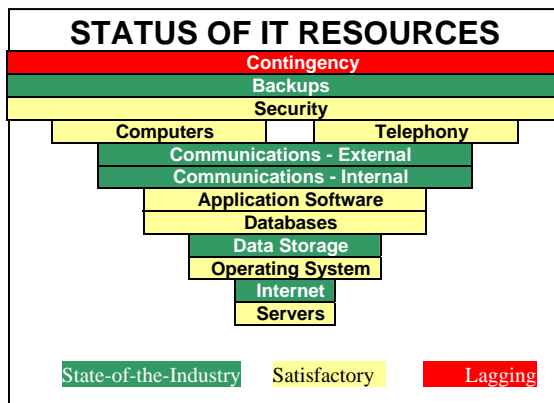


## **MIS RESOURCES**

### **SUMMARY AS OF JULY 2010**

**MIS RESOURCE STATUS.** The status of the Center's Information Technology (IT) resources is shown below.

This diagram represents the elements of our information



network. Critical elements start at the bottom and provide the building blocks for all other elements above. Blocks nearer the bottom must at least be satisfactory and should be state-of-the-industry whenever possible. For example: If our servers are inadequate, all elements above will not perform adequately regardless of the investment in those elements. Conversely if one or a small group of computers is below minimum, no elements below the computers are affected.

**STATUS CHANGES - FY2010.** During FY2010 the status of two resources were upgraded; none were downgraded.

#### **Resources Upgraded to State-of-the-Industry:**

- **Data Storage.** Following funding approval by the Board of Trustees, our Xiotech Magnitude Storage Area Network (SAN) was replaced with a Xiotech Emprise SAN. The Emprise SAN has a storage capacity of 8.45 terabytes of data compared to our old Magnitude SAN that had a capacity of 3.00 terabytes of data.

The Emprise is considerably faster than the old SAN and is connected to our servers at speeds up to 4Gb. The old SAN was limited to 1Gb speeds. Additionally the Emprise has no associated hardware maintenance fees for the first five years of use. Only software maintenance fees are required.

#### **Resources Upgraded to Satisfactory:**

- **Databases.** After several years of project postponement, our Anasazi Software AZ Central database was upgraded to Microsoft SQL from an old DataFlex database. SQL is a proven database in wide-spread use and will be the basis for many future AZ Central enhancements. It offers options that will be much more compatible with the long-term requirements for expanded security as well as providing a more stable database environment.

Our AZ Central test system was converted to SQL in early June. In addition to the database conversion, old archived data that had been inaccessible through the regular system was added back for a complete client history. Following successful testing, the production system will be converted, archived data restored, and all staff workstations upgraded for full access in July. Performance with the test system has been satisfactory.

At this time there is one outstanding issue. The Disaster Recovery Services product offered by Anasazi Software is not fully compatible with the SQL database. There are adequate temporary processes in place that are being expanded into a product that will be fully integrated with SQL.

**Resources Downgraded:** None.

#### **OTHER SIGNIFICANT CHANGES.**

- **Application Software.** In FY2010 we completed the purchase and installation of AZ Central Assessment/Treatment Planning Version 3 (ATPV3). ATPV3 introduced new technology for a Clinician's Home Page that is similar to the Doctor's Home Page installed in FY2009 and fully implemented with ePrescribing in FY2010.

ATPV3 also includes major enhancements for Document Management and Client Signatures. Document Management will be used for implementation at the HCS/Case Management unit in Intellectual and Developmental Disabilities (IDD), converting many paper records to electronic images and linking those images to the IDD clients. Processes developed during this





implementation will be used as we expand the use of electronic documents throughout the Center.

The Client Signature technology is installed but not in production use. Medical Records and provider units are testing the hardware and developing processes for completing this phase of our fully electronic medical record.

- Backups. Our CommVault backup system received several major enhancements during FY2010. The software was upgraded from version 6.1 to 8.0 SP1. Larger capacity disk drives and new tape drives were installed late in the year in order to continue to grow our backup capacity to match our network data growth.
- Communications - External. The Citrix and Terminal Server farm used by our staff for remote access via the Internet was upgraded in FY2010. All components of the farm – Citrix software, Terminal Server software, Windows operating system, and server hardware – were replaced with current technology. Virtual servers were added to our network for the first time, offering a “green” solution to the increasing need for server processing power. The new Citrix farm includes a user-friendly, web-based interface that is accessed via the Staff Login page on our ATCIC Internet home page. A new feature includes self-installation of the Citrix client software, greatly reducing the need for special installation CDs and making the process much easier for our staff working from home. The farm is now based on Windows Active Directory directory services, making the farm our first implementation in a full Windows environment (see “Operating Systems” below).
- Computers. FY2010 saw the first use of “netbook” computers by the Center. A netbook computer is a small, low-powered computer that is designed primarily for use on the Internet. Our netbooks are equipped with the full Microsoft Office suite of programs as well as a built-in Verizon cellular air card that allows access into our network from any location with cellular service. Coupled with the new Citrix farm (see “Communications – External” above) the netbooks have offered a very cost-effective method of network access by both clinicians and mobile administrative and support staff.

At the end of FY2010, purchases were made to upgrade the computers for key staff. Included with these upgrades were new computers for all doctors and nurses that had computers inadequate for full use of the Doctor's Home Page. In addition computers were upgraded throughout the Center for other key individuals including provider and administrative staff.

- Operating Systems. Although several Windows operating systems upgrades occurred for various projects during the year, the major operating system change in FY2010 was a direction change in our use of directory services. “Directory services” is a set of software that is used for management of a network. It stores and organizes such data elements as users, passwords, software access controls, and security.

After considerable discussion and technical review, MIS recommended and has begun a long-term project to replace our Novell eDirectory directory services with Microsoft Active Directory (AD) directory services. Although eDirectory has functioned exceptionally well at ATCIC, more and more software products are expecting to interface with AD. Our first major system that preferred AD was our VoIP telephone system, the implementation of which began in FY2008. Anasazi Software now prefers AD. Our MIP Fund Accounting System is AD-based. More recently the implementation of our first physical security system (see “Security” below), is Windows and AD based.

In the interim we are using both Novell and Windows directory services. This does require some duplication of effort by MIS staff to manage multiple data stores. It can also be very confusing for staff who must manage passwords for both directories. MIS created and published to the Internet a password “synchronization” document but it is still a complex process. As currently scheduled, in mid-FY2011 almost all directory access will be via Windows AD.

- Security. Several significant security upgrades were completed in FY2010. These included:
  - Voltage: A secure method of transmitting clinical and other confidential information over the Internet via e-mail.



- Schlage SMS: Physical security based on an electronic key tag system that will be the basis for future facilities and will be implemented at current facilities as time and budgets allow.
- SFTP: Software using Secured File Transfer Protocol for transmitting clinical and other confidential information over the Internet via web pages.
- Computer Encryption: Encryption of any data contained on a computer's hard drive so that if the computer is lost or stolen the data on the hard drive is inaccessible. All netbooks have been encrypted and a work group is developing plans to encrypt all ATCIC computers beginning with the most critical and most likely to be compromised.
- Telephony. A second major phase of implementing a VoIP-based telephone system through ATCIC began in June 2010. Having received Board of Trustee approval to proceed with the project in May 2010, plans are being developed to implement VoIP at 1430 Collier Street, the Admin Annex, and all of the East 2nd complex.

In addition to replacing almost 300 telephones in those locations listed above, the project will include other changes.

- Cisco VoIP will become the primary phone system interfacing with the public network.
- The main switchboard at 1430 Collier will be replaced with Cisco equipment.
- All Cisco software and hardware will be updated to current levels.
- A fail-over Call Manager will be implemented for the East 2nd Complex.
- A comprehensive 911 service plan will be implemented for all VoIP locations.
- Caller ID functionality will be available for VoIP phones for incoming calls.

Note: This resource is still shown as "Satisfactory" only because of the older-technology NEC switch and telephones purchased in 1999 and still in use in some of our facilities. The new Cisco equipment and software is state-of-the-industry.

### FY2010 SUMMARY.

FY2010 was an extremely busy year. In addition to the significant changes listed

above, other additions and improvements were made to the Center's MIS resource infrastructure including:

- MIP Fund Accounting. Application of multiple update releases.
- AZ Central. Installation of fourteen software upgrades for AZ Central with more upgrades expected before this year end.
- Communications Upgrades. Upgrades to several communications circuits to smaller remote sites to increase speeds and reduce costs by eliminating a shared DS3 circuit.
- Wireless Network. Installation of a wireless LAN controller to expand our wireless connectivity and add the capability for secure guest Internet connections for auditors, vendors, and other individuals visiting the Center.
- Bandwidth Increases. Increases to the bandwidth (connection speed) to our Internet Service Provider to support increased demands for the Internet and remote access to our software applications via the Citrix/Terminal Server farm.
- US Script Pharmacy. Completion of programming and process changes for moving our drug prescriptions to US Script.
- NTP Server. Installation of a Network Time Protocol (NTP) server for synchronizing the time across all of our network and with the national cellular network.
- CTAAFSC. Provision of staff for technical support at the Central Texas African American Family Support Conference.
- YES Waiver. Assistance with implementation of the State of Texas YES Waiver program.
- Air Cards. Conversion of cellular air cards to a new Department of Information Resources program resulting in the



replacement of all old cards and the lowering of monthly rates.

### FY2011 PLANS.

FY2011 is projected to be just as busy, possibly with even more impact on our staff. Major projects planned are listed below.

- Windows Active Directory. A very significant project in FY2011 will be the full implementation of Windows AD directory services (see "Operating Systems" above). Once completed, this project will greatly reduce the current problems with managing and synchronizing multiple passwords. However, the implementation will touch every Center employee and will probably require special training sessions, good conversion documentation, and considerable support time.
- E-mail. GroupWise, the Center's e-mail system, is closely related to directory services. As more vendors require an interface to Windows AD directory services, we will evaluate a conversion to Windows Outlook and Exchange Server e-mail. This will be a major change should it occur because of the many processes throughout the Center that are integrated with GroupWise.
- AZ Central. As the AZ Central product is enhanced for the national certification required for some of the stimulus funding, ARRA, and HITECH more frequent upgrades are expected.
- MIP Fund Accounting. Our MIP Fund Account System software will require an upgrade to a new version of SQL before the next major software release. The Business Office is researching various vendor options for that software.
- Office Products. Office 2000 continues to be the primary software for Word, Excel, PowerPoint and Access applications with under forty percent (40%) of Center staff now upgraded to Office 2003. Less than one percent of Center staff is upgraded to Office 2007. There are no installations of Office 2010. Windows XP is the only

operating system in use and support from Microsoft is limited.

The need for a Center-wide upgrade to current software continues to increase in order to keep software synchronized with State and other funding sources. Working with Executive Management, MIS will develop a plan to update our staff's computers for not only office products but also the Windows 7 operating system. A Microsoft Enterprise Agreement with Software Assurance through the State Department of Information Resources will be one option considered.

- Contingency. By using Anasazi Software's Disaster Recovery service, in the event of a major disaster all of our AZ Central data as of the previous weekend is available on 24-hour notice from an Anasazi Software facility in Nevada. With office products installed locally on all computers, the only significant software in general use that would not be available in case of a disaster is the fiscal accounting software. However, the Center does not have a contingency plan to make use of our data should a disaster occur. Our large investment in air cards would give access but the processes to use those cards in the event of an emergency have not been defined. A work group formed by the Quality Leadership Team in May 2006 is tasked with developing such a contingency plan.
- Web Security. Web security will continue to be increased in FY2011, probably through AT&T's web-based security for both Internet access and e-mail. Using a common management interface, this system exists in the Internet cloud and removes or disables threats before they ever reach our network. Included with the security for e-mail is full e-mail archiving of all external e-mail for ten years with unlimited storage space.

In FY2010 the Center neither monitored nor managed access to Internet web sites. E-mail monitoring and filtering resulted in typical monthly information as reflected in April 2010 statistics.



<b>April 2010</b>	<b>Total Count</b>
Total Incoming Internet Mail	12,110,936
Passed to Staff	40,318
Quarantined for Staff Review	134,630
Deleted as Threat, SPAM	11,935,988

- **New Facilities.** Planning is already in progress for new facilities including 15th Street and the North Austin Service Center. Both of these facilities will be fully integrated into our data network, VoIP telephone network, and physical security system.
- **VoIP Project Continuation.** As funding allows, remaining ATCIC facilities will be upgraded to the Cisco VoIP telephone system with the goal of totally replacing all NEC equipment in the next two years.
- **PC Training Room.** Computers in the PC Training Room will be upgraded by using some of the computers replaced with new purchases made at FY2010 year-end.
- **Citrix/Terminal Server Farm.** The new farm will continue to be enhanced with a client access gateway to provide additional security, allow decisions based on the end-user computer hardware, and provide a better and more effective user experience.

# Divisions Section



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2011 PROPOSED BUDGET  
BEHAVIORAL HEALTH SERVICES  
(Includes AMH, SASS, HSG)**

	FY 2011 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2010 CURRENT	PERCENT BUDGET CHANGE	FY 2010 ORIGINAL BUDGET	FY 2010 CURRENT BUDGET	FY 2010 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 2,675,535	17.31%	\$ -	0.00%	\$ 2,629,543	\$ 2,675,535	\$ 45,992
Travis County	\$ 1,361,492	8.81%	\$ 14,052	1.04%	\$ 1,303,029	\$ 1,347,440	\$ 44,411
Client Fees, Rents, & Insurance	\$ 232,481	1.50%	\$ 7,414	3.29%	\$ 225,067	\$ 225,067	\$ -
Rental Income	\$ 391,348	2.53%	\$ 13,590	3.60%	\$ 377,758	\$ 377,758	\$ -
Other Local	\$ 61,382	0.40%	\$ (2,583)	-4.04%	\$ 63,965	\$ 63,965	\$ -
<b>Total Local Funds</b>	<b>\$ 4,722,238</b>	<b>30.56%</b>	<b>\$ 32,473</b>	<b>0.69%</b>	<b>\$ 4,599,362</b>	<b>\$ 4,689,765</b>	<b>\$ 90,403</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 4,557,180	29.49%	\$ 202,817	4.66%	\$ 3,764,129	\$ 4,354,363	\$ 590,234
DSHS Substance Abuse	\$ 1,976,621	12.79%	\$ 20,533	1.05%	\$ 1,956,088	\$ 1,956,088	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ 795,605	5.15%	\$ -	0.00%	\$ 760,430	\$ 795,605	\$ 35,175
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 7,329,406</b>	<b>47.43%</b>	<b>\$ 223,350</b>	<b>3.14%</b>	<b>\$ 6,480,647</b>	<b>\$ 7,106,056</b>	<b>\$ 625,409</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 2,299,232	14.88%	\$ 294,667	14.70%	\$ 1,986,935	\$ 2,004,565	\$ 17,630
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ 1,103,102	7.14%	\$ (13,415)	-1.20%	\$ 1,068,004	\$ 1,116,517	\$ 48,513
<b>Total Federal Funds</b>	<b>\$ 3,402,334</b>	<b>22.02%</b>	<b>\$ 281,252</b>	<b>9.01%</b>	<b>\$ 3,054,939</b>	<b>\$ 3,121,082</b>	<b>\$ 66,143</b>
<b>TOTAL REVENUES</b>	<b>\$ 15,453,978</b>	<b>100.00%</b>	<b>\$ 537,075</b>	<b>3.60%</b>	<b>\$ 14,134,948</b>	<b>\$ 14,916,903</b>	<b>\$ 781,955</b>
<b>EXPENDITURES</b>							
Salaries	\$ 8,461,614	54.75%	\$ 477,061	5.97%	\$ 7,789,969	\$ 7,984,553	\$ 194,584
Fringe Benefits	\$ 2,653,306	17.17%	\$ 83,364	3.24%	\$ 2,499,240	\$ 2,569,942	\$ 70,702
Travel \ Workshop	\$ 231,720	1.50%	\$ 20,181	9.54%	\$ 194,877	\$ 211,539	\$ 16,662
Prescription Drugs and Medication	\$ 86,522	0.56%	\$ 13,722	18.85%	\$ 72,800	\$ 72,800	\$ -
Consumable Supplies	\$ 105,442	0.68%	\$ 4,272	4.22%	\$ 102,727	\$ 101,170	\$ (1,557)
Contracted Services	\$ 2,317,263	14.99%	\$ (111,924)	-4.61%	\$ 1,966,596	\$ 2,429,187	\$ 462,591
Capital Outlay	\$ 120,995	0.78%	\$ (39,528)	-24.62%	\$ 147,662	\$ 160,523	\$ 12,861
Furniture & Equipment	\$ 162,353	1.05%	\$ 3,305	2.08%	\$ 154,509	\$ 159,048	\$ 4,539
Facility \ Telephone \ Utility	\$ 1,062,420	6.87%	\$ 93,700	9.67%	\$ 955,464	\$ 968,720	\$ 13,256
Insurance Costs	\$ 31,944	0.21%	\$ 1,920	6.39%	\$ 29,495	\$ 30,024	\$ 529
Vehicle Costs	\$ 24,671	0.16%	\$ (15,292)	-38.27%	\$ 28,779	\$ 39,963	\$ 11,184
Professional Fees	\$ 278	0.00%	\$ 66	31.13%	\$ 212	\$ 212	\$ -
Other Operating Costs	\$ 88,140	0.57%	\$ (12,130)	-12.10%	\$ 100,278	\$ 100,270	\$ (8)
Client Support Costs	\$ 107,310	0.69%	\$ 18,358	20.64%	\$ 92,340	\$ 88,952	\$ (3,388)
<b>TOTAL EXPENDITURES</b>	<b>\$ 15,453,978</b>	<b>100.00%</b>	<b>\$ 537,075</b>	<b>3.60%</b>	<b>\$ 14,134,948</b>	<b>\$ 14,916,903</b>	<b>\$ 781,955</b>
<b>TOTAL FTE'S</b>	<b>199.86</b>		<b>4.14</b>	<b>2.12%</b>	<b>183.83</b>	<b>195.72</b>	<b>11.90</b>



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2011 BUDGET PLAN

### BUDGET ASSUMPTIONS

- Continued growth in collaborations with organizations and other community centers around issues related to Veterans' mental health, including families of Veterans.
- Increase opportunities for consumers and their families as appropriate to participate in peer-directed activities.
- Continued strong collaboration with Criminal Justice system including jail diversion initiatives.
- Wait list will continue for adult mental health clients, with total number served more closely matching performance measures.
- Continued rollout of integration of mental health/chemical dependency treatment services and behavioral health/physical health. Strengthen substance use treatment through access to the new Medicaid services when available through DSHS.

Behavioral Health Services
<b>Goal 1:</b> Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
Increase training opportunities for consumers and their families as appropriate to participate in peer-directed activities that promote recovery, self-reliance, and self-determination to improve quality of life for consumers.
Continue to implement evidence based best practices and quality service delivery models to address the unique behavioral health needs of Center consumers.
Collaborate with partners in enhancing case finding and mental health treatment for returning Veterans and their families.
<b>Goal 2:</b> Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and





ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.
Implement staff development / workshops quarterly, to maintain and increase competencies for service delivery.
Provide relevant continuing education, ethics and leadership training, and training in evidenced based practices. Support supervisory training.
Continue collaborations with internal and external stakeholder groups to improve key processes and information communications to promote effective decision making to meet the Center's consumer needs.
<b>Goal 3:</b> Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
Reinforce HMIS service capacity, continuing to support homeless initiatives in the community.
The Behavioral Health Division will assess, on an on-going basis, the impact of the implementation of the Center's Local Network Development Plan on service delivery systems for Center consumers.
Will continue performance monitoring on all service contracts (e.g. DSHS, TCOOMMI, City of Austin, and Travis County) for maximum fidelity to service models, maximizing revenue earnings, and meeting contract performance targets.
<b>Goal 4:</b> Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.
Continue leadership role in CAN Behavioral Health Planning Partnership, criminal justice planning bodies, homeless planning groups, and other community groups as relevant to the mission.



Participate in local NAMI, DBSA, Mental Health Texas, activities for support and collaboration.
Continued rollout of integration of mental health/chemical dependency treatment services and behavioral health/physical health to address service gaps focused on a sustainable service delivery system for Center's consumers.
Fully participate in community housing collaboratives and initiatives to increase the number of permanent supportive housing options for the population served by ATCIC.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2011 PROPOSED BUDGET  
CHILD & FAMILY SERVICES**

	FY 2011 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2010 CURRENT	PERCENT BUDGET CHANGE	FY 2010 ORIGINAL BUDGET	FY 2010 CURRENT BUDGET	FY 2010 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 376,491	5.01%	\$ -	0.00%	\$ 376,491	\$ 376,491	\$ -
Travis County	\$ 938,276	12.49%	\$ (170,679)	-15.39%	\$ 870,058	\$ 1,108,955	\$ 238,897
Client Fees, Rents, & Insurance	\$ 71,100	0.95%	\$ (10,859)	-13.25%	\$ 81,959	\$ 81,959	\$ -
Rental Income	\$ 2,017	0.03%	\$ (1,791)	-47.03%	\$ 3,808	\$ 3,808	\$ -
Other Local	\$ 400,460	5.33%	\$ (72,727)	-15.37%	\$ 473,187	\$ 473,187	\$ -
<b>Total Local Funds</b>	<b>\$ 1,788,344</b>	<b>23.81%</b>	<b>\$ (256,056)</b>	<b>-12.52%</b>	<b>\$ 1,805,503</b>	<b>\$ 2,044,400</b>	<b>\$ 238,897</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 2,258,929	30.08%	\$ (3,181)	-0.14%	\$ 2,114,508	\$ 2,262,110	\$ 147,602
DSHS Substance Abuse	\$ 74,052	0.99%	\$ 74,052	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ 405,337	5.40%	\$ -	0.00%	\$ 428,390	\$ 405,337	\$ (23,053)
DARS (Early Childhood Intervention)	\$ 1,470,821	19.59%	\$ 252,890	20.76%	\$ 1,169,107	\$ 1,217,931	\$ 48,824
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 4,209,139</b>	<b>56.05%</b>	<b>\$ 323,761</b>	<b>8.33%</b>	<b>\$ 3,712,005</b>	<b>\$ 3,885,378</b>	<b>\$ 173,373</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 1,511,901	20.13%	\$ 590,492	64.09%	\$ 917,321	\$ 921,409	\$ 4,088
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 1,511,901</b>	<b>20.13%</b>	<b>\$ 590,492</b>	<b>64.09%</b>	<b>\$ 917,321</b>	<b>\$ 921,409</b>	<b>\$ 4,088</b>
<b>TOTAL REVENUES</b>	<b>\$ 7,509,384</b>	<b>100.00%</b>	<b>\$ 658,197</b>	<b>9.61%</b>	<b>\$ 6,434,829</b>	<b>\$ 6,851,187</b>	<b>\$ 416,358</b>
<b>EXPENDITURES</b>							
Salaries	\$ 3,860,721	51.41%	\$ 422,389	12.28%	\$ 3,466,315	\$ 3,438,332	\$ (27,983)
Fringe Benefits	\$ 1,211,590	16.13%	\$ 86,479	7.69%	\$ 1,128,323	\$ 1,125,111	\$ (3,212)
Travel \ Workshop	\$ 130,910	1.74%	\$ (35,342)	-21.26%	\$ 166,814	\$ 166,252	\$ (562)
Prescription Drugs and Medication	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 18,719	0.25%	\$ (1,037)	-5.25%	\$ 19,756	\$ 19,756	\$ -
Contracted Services	\$ 1,553,919	20.69%	\$ 69,491	4.68%	\$ 1,051,012	\$ 1,484,428	\$ 433,416
Capital Outlay	\$ 34,052	0.45%	\$ (18,536)	-35.25%	\$ 41,994	\$ 52,588	\$ 10,594
Furniture & Equipment	\$ 65,041	0.87%	\$ 4,672	7.74%	\$ 57,264	\$ 60,369	\$ 3,105
Facility \ Telephone \ Utility	\$ 316,666	4.22%	\$ 45,058	16.59%	\$ 271,608	\$ 271,608	\$ -
Insurance Costs	\$ 9,906	0.13%	\$ 156	1.60%	\$ 9,750	\$ 9,750	\$ -
Vehicle Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Professional Fees	\$ -	0.00%	\$ (29)	-100.00%	\$ 29	\$ 29	\$ -
Other Operating Costs	\$ 36,218	0.48%	\$ 8,184	29.19%	\$ 27,034	\$ 28,034	\$ 1,000
Client Support Costs	\$ 271,642	3.62%	\$ 76,712	39.35%	\$ 194,930	\$ 194,930	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 7,509,384</b>	<b>100.00%</b>	<b>\$ 658,197</b>	<b>9.61%</b>	<b>\$ 6,434,829</b>	<b>\$ 6,851,187</b>	<b>\$ 416,358</b>
<b>TOTAL FTE'S</b>	<b>88.19</b>		<b>4.11</b>	<b>4.89%</b>	<b>81.78</b>	<b>84.08</b>	<b>2.30</b>



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2011 BUDGET PLAN

### BUDGET ASSUMPTIONS

- General Revenue and Fee For Service Projections are realized.
- Implement changes to FY 2011 Texas Department of State Health Services contract requirements related to Resiliency and Disease Management (RDM) to achieve maximum fidelity to service models.
- Implement Year 2 of 1915-c Medicaid Waiver Pilot (Youth Empowerment Services) for children with complex mental health challenges to include expansion of number of children enrolled and network service providers.
- Continue support to the Travis County Children's Partnership through care coordination and the Integrated Fund Pool.
- Implementation of Adolescent Substance Abuse Outpatient Treatment Services targeted to Travis County youth with a mental health diagnosis and substance abuse disorder.
- Continue consistent number of referrals from Travis County Juvenile Probation to the Family Preservation Program.

Child and Family Services
<b>Goal 1:</b> Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
Promote independence through accessible, culturally competent, and effective therapeutic services and supports, responsive to the individual's needs and preferences.
Continue to support Best Practices models for Child and Family Services with full integration of the Resiliency and Disease Management (RDM), and the Travis County Children's Partnership wraparound service models and requirements to the extent possible.
Child and Family Services will continue to include consumer, family, and customer input in planning, implementing, and evaluating treatment, support, and management services.



<b>Goal 2:</b> Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.
Child and Family Services will continue providing opportunities for professional growth for staff to achieve ongoing competence in areas of staff expertise, management, cultural competence, and supervisory and technical support skills.
Ongoing collaboration and facilitation of communications to improve key processes to maximize utilization of accurate, current, and consistent information to encourage effective decision making is highly promoted in Child and Family Services. This will be especially important as the Center moves forward in the development and implementation of the Local Network and Development Plan.
Child and Family Services values and will continue to provide ongoing support to the Center's Employee Recognition Program to ensure that staff are recognized and valued for their efforts, talents, dedication, and major contributions to the Center's consumers.
<b>Goal 3:</b> Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
Child and Family Services will continue to provide strategic leadership to ensure strong future presence and sustainability in providing children's behavioral health services in Travis County. Creative and innovative service models that include the integration of behavioral health services and children's primary healthcare show tremendous promise in maximizing program and financial efficiencies.
The Child and Family Services Division will continue to diversify its funding base to meet the needs of consumers, families, and children. Continued implementation of the 1915-c Medicaid Waiver for Children with complex mental health challenges, offers an excellent opportunity for flexible funding structures that will accommodate the changing needs of families and children in Travis County.
Child and Family Services will continue performance monitoring on all service contracts (e.g., DSHS, TCOOMMI, AISD, Travis County HHS, Travis County Juvenile Probation), for maximum fidelity to service models, maximizing revenue earnings, and meeting or exceeding contract performance targets.



**Goal 4:** Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.

Child and Family Services continues to develop and expand resources and partnerships with families and community stakeholder groups in championing and advocating for a strong voice in addressing emerging issues of consumer behavioral healthcare.

Develop and expand formal agreements with community organizations, partners, and family support groups to improve the quality and availability of community behavioral healthcare resources for children and families.

Continue strategic planning efforts with the Child and Youth Mental Health Planning Partnership:

- ✓ to provide leadership in educating the community about children's mental health,
- ✓ to eliminate the stigma associated with mental health issues, reduce service gaps, and
- ✓ create opportunities for collaborative arrangements to expand access for children's behavioral health in Travis County.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2011 PROPOSED BUDGET  
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SERVICES**

	FY 2011 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2010 CURRENT	PERCENT BUDGET CHANGE	FY 2010 ORIGINAL BUDGET	FY 2010 CURRENT BUDGET	FY 2010 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Client Fees, Rents, & Insurance	\$ 80,276	1.13%	\$ (18,115)	-18.41%	\$ 98,391	\$ 98,391	\$ -
Rental Income	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Local	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Local Funds</b>	<b>\$ 80,276</b>	<b>1.13%</b>	<b>\$ (18,115)</b>	<b>-18.41%</b>	<b>\$ 98,391</b>	<b>\$ 98,391</b>	<b>\$ -</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ 3,703,006	52.27%	\$ (238,317)	-6.05%	\$ 3,574,527	\$ 3,941,323	\$ 366,796
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ 40,000	0.56%	\$ 2,644	7.08%	\$ 37,356	\$ 37,356	\$ -
<b>Total State Funds</b>	<b>\$ 3,743,006</b>	<b>52.84%</b>	<b>\$ (235,673)</b>	<b>-5.92%</b>	<b>\$ 3,611,883</b>	<b>\$ 3,978,679</b>	<b>\$ 366,796</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 695,863	9.82%	\$ 52,182	8.11%	\$ 715,782	\$ 643,681	\$ (72,101)
HCS / Tx Hm Lvg Waiver	\$ 2,565,047	36.21%	\$ 523,833	25.66%	\$ 1,720,765	\$ 2,041,214	\$ 320,449
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 3,260,910</b>	<b>46.03%</b>	<b>\$ 576,015</b>	<b>21.45%</b>	<b>\$ 2,436,547</b>	<b>\$ 2,684,895</b>	<b>\$ 248,348</b>
<b>TOTAL REVENUES</b>	<b>\$ 7,084,192</b>	<b>100.00%</b>	<b>\$ 322,227</b>	<b>4.77%</b>	<b>\$ 6,146,821</b>	<b>\$ 6,761,965</b>	<b>\$ 615,144</b>
<b>EXPENDITURES</b>							
Salaries	\$ 3,231,815	45.62%	\$ 25,788	0.80%	\$ 2,902,673	\$ 3,206,027	\$ 303,354
Fringe Benefits	\$ 1,153,838	16.29%	\$ 42,541	3.83%	\$ 1,042,440	\$ 1,111,297	\$ 68,857
Travel \ Workshop	\$ 171,123	2.42%	\$ 8,363	5.14%	\$ 144,160	\$ 162,760	\$ 18,600
Prescription Drugs and Medication	\$ 969	0.01%	\$ 969	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 30,061	0.42%	\$ (28,140)	-48.35%	\$ 37,201	\$ 58,201	\$ 21,000
Contracted Services	\$ 1,926,556	27.20%	\$ 298,058	18.30%	\$ 1,569,988	\$ 1,628,498	\$ 58,510
Capital Outlay	\$ 41,698	0.59%	\$ (82,083)	-66.31%	\$ 44,351	\$ 123,781	\$ 79,430
Furniture & Equipment	\$ 57,484	0.81%	\$ (24,931)	-30.25%	\$ 39,496	\$ 82,415	\$ 42,919
Facility \ Telephone \ Utility	\$ 216,066	3.05%	\$ 9,616	4.66%	\$ 188,141	\$ 206,450	\$ 18,309
Insurance Costs	\$ 13,609	0.19%	\$ 377	2.85%	\$ 12,515	\$ 13,232	\$ 717
Vehicle Costs	\$ 17,086	0.24%	\$ (2,300)	-11.86%	\$ 19,386	\$ 19,386	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 26,119	0.37%	\$ 949	3.77%	\$ 21,722	\$ 25,170	\$ 3,448
Client Support Costs	\$ 197,768	2.79%	\$ 73,020	58.53%	\$ 124,748	\$ 124,748	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 7,084,192</b>	<b>100.00%</b>	<b>\$ 322,227</b>	<b>4.77%</b>	<b>\$ 6,146,821</b>	<b>\$ 6,761,965</b>	<b>\$ 615,144</b>
<b>TOTAL FTE'S</b>	<b>103.81</b>		<b>(10.45)</b>	<b>-9.15%</b>	<b>92.51</b>	<b>114.26</b>	<b>21.75</b>





## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2011 BUDGET PLAN

### BUDGET ASSUMPTIONS

- Provide service coordination to approximately 680 recipients of the Home and Community-Based Services (HCS) waiver program as part of the transfer of the service coordination role to the local authority.
- Emphasize essential, best value services; core supports (e.g. intake and eligibility services, service coordination, family support, respite, behavioral support for children with Autism and respite).
- Investigate grant/contract opportunities that enhance collaboration and address the Center's strategic plan.
- Participation in the development of a coordinated system of access for aging and disability services through the community round tables.
- Enroll approximately (40) individuals who will be offered services in the Home and Community Based Waiver Program (HCS).
- Adjust internal provider operations as part of the transfer of Home and Community-Based Services (HCS) case management.
- Implement Autism Program Pilot for FY 2011 providing wrap around services and supports to children and adults with Autism.
- Utilize features of the electronic medical record that allow the division to consume less paper and strive to become more environmentally friendly; improving overall efficiency.

#### Intellectual and Developmental Disabilities Services

**Goal 1:** Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.

Expand the Interagency agreement with the University of Texas at Austin Department of Special Education to use doctoral research assistants and master's level interns to develop a community based best practice model for behavioral intervention services for children and adults with Autism. This agreement will facilitate the staffing of the Autism Program Pilot to begin FY 2011.

Attain stability for the Center's Home Health Program, by obtaining necessary contracts



and refining business practices, in an effort to expand services to individuals who are aging, have physical disabilities or in need of personal assistance services.
<b>Goal 2:</b> Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.
Expand our team of skilled service coordinators to support all HCS recipients in Travis County as part of the added role to local authorities.
Develop a specialized team that will expand services to individuals with autism.
Enhance staff competency through best practice training in the areas of aging, service planning, corporate compliance, cultural competency, and positive behavioral supports.
<b>Goal 3:</b> Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
Continue to work collaboratively with the three front door partners of DADS and other stakeholders to develop a proposal for funding of an Aging and Disability Resource Center (ADRC) in the future.
Implement enhanced controls to monitor service authorization and utilization through: utilizing functionality available in our client data system, creating individual plans of care for consumers receiving general revenue services, and redefining individual budget units by funding source.
<b>Goal 4:</b> Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.
In collaboration with other community based organizations, the division will sponsor symposiums, for families and professionals concerning specific consumer care and future planning issues.
Enhance community presence through participation in local events sponsored by community partners in advocacy and community education that seek to eradicate stigma.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2011 PROPOSED BUDGET  
PHARMACY**

	FY 2011 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2010 CURRENT	PERCENT BUDGET CHANGE	FY 2010 ORIGINAL BUDGET	FY 2010 CURRENT BUDGET	FY 2010 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Rental Income	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Local	\$ 4,000	0.21%	\$ (16,000)	-80.00%	\$ 20,000	\$ 20,000	\$ -
<b>Total Local Funds</b>	<b>\$ 4,000</b>	<b>0.21%</b>	<b>\$ (16,000)</b>	<b>-80.00%</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ -</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 1,322,981	69.09%	\$ (437,953)	-24.87%	\$ 1,733,438	\$ 1,760,934	\$ 27,496
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ 50,000	2.61%	\$ (30,400)	-37.81%	\$ 100,500	\$ 80,400	\$ (20,100)
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 1,372,981</b>	<b>71.70%</b>	<b>\$ (468,353)</b>	<b>-25.44%</b>	<b>\$ 1,833,938</b>	<b>\$ 1,841,334</b>	<b>\$ 7,396</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 537,786	28.09%	\$ 12,147	2.31%	\$ 525,639	\$ 525,639	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 537,786</b>	<b>28.09%</b>	<b>\$ 12,147</b>	<b>2.31%</b>	<b>\$ 525,639</b>	<b>\$ 525,639</b>	<b>\$ -</b>
<b>TOTAL REVENUES</b>	<b>\$ 1,914,767</b>	<b>100.00%</b>	<b>\$ (472,206)</b>	<b>-19.78%</b>	<b>\$ 2,379,577</b>	<b>\$ 2,386,973</b>	<b>\$ 7,396</b>
<b>EXPENDITURES</b>							
Salaries	\$ 223,967	11.70%	\$ 21,492	10.61%	\$ 195,839	\$ 202,475	\$ 6,636
Fringe Benefits	\$ 80,871	4.22%	\$ 11,754	17.01%	\$ 68,105	\$ 69,117	\$ 1,012
Travel \ Workshop	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Prescription Drugs and Medication	\$ 1,542,776	80.57%	\$ (516,615)	-25.09%	\$ 2,059,643	\$ 2,059,391	\$ (252)
Consumable Supplies	\$ 7,211	0.38%	\$ (360)	-4.75%	\$ 7,571	\$ 7,571	\$ -
Contracted Services	\$ 21,312	1.11%	\$ 5,006	30.70%	\$ 16,306	\$ 16,306	\$ -
Capital Outlay	\$ 3,020	0.16%	\$ 448	17.42%	\$ 2,572	\$ 2,572	\$ -
Furniture & Equipment	\$ 17,326	0.90%	\$ 2,583	17.52%	\$ 14,743	\$ 14,743	\$ -
Facility \ Telephone \ Utility	\$ 16,731	0.87%	\$ 3,727	28.66%	\$ 13,004	\$ 13,004	\$ -
Insurance Costs	\$ 890	0.05%	\$ 215	31.85%	\$ 675	\$ 675	\$ -
Vehicle Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 663	0.03%	\$ (366)	-35.57%	\$ 1,029	\$ 1,029	\$ -
Client Support Costs	\$ -	0.00%	\$ (90)	-100.00%	\$ 90	\$ 90	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 1,914,767</b>	<b>100.00%</b>	<b>\$ (472,206)</b>	<b>-19.78%</b>	<b>\$ 2,379,577</b>	<b>\$ 2,386,973</b>	<b>\$ 7,396</b>
<b>TOTAL FTE'S</b>	<b>6.00</b>		<b>0.00</b>	<b>0.00%</b>	<b>5.00</b>	<b>6.00</b>	<b>1.00</b>



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2011 PROPOSED BUDGET  
MH CRISIS SERVICES**

	FY 2011 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2010 CURRENT	PERCENT BUDGET CHANGE	FY 2010 ORIGINAL BUDGET	FY 2010 CURRENT BUDGET	FY 2010 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County	\$ 461,255	5.61%	\$ 33,584	7.85%	\$ 449,073	\$ 427,671	\$ (21,402)
Client Fees, Rents, & Insurance	\$ 3,388	0.04%	\$ (2,825)	-45.47%	\$ 6,213	\$ 6,213	\$ -
Rental Income	\$ 4,800	0.06%	\$ -	0.00%	\$ 4,800	\$ 4,800	\$ -
Other Local	\$ 23,368	0.28%	\$ (214,335)	-90.17%	\$ 237,703	\$ 237,703	\$ -
<b>Total Local Funds</b>	<b>\$ 492,811</b>	<b>5.99%</b>	<b>\$ (183,576)</b>	<b>-27.14%</b>	<b>\$ 697,789</b>	<b>\$ 676,387</b>	<b>\$ (21,402)</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 7,194,702	87.45%	\$ (10,685)	-0.15%	\$ 6,997,652	\$ 7,205,387	\$ 207,735
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 7,194,702</b>	<b>87.45%</b>	<b>\$ (10,685)</b>	<b>-0.15%</b>	<b>\$ 6,997,652</b>	<b>\$ 7,205,387</b>	<b>\$ 207,735</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 539,552	6.56%	\$ (89,419)	-14.22%	\$ 628,971	\$ 628,971	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 539,552</b>	<b>6.56%</b>	<b>\$ (89,419)</b>	<b>-14.22%</b>	<b>\$ 628,971</b>	<b>\$ 628,971</b>	<b>\$ -</b>
<b>TOTAL REVENUES</b>	<b>\$ 8,227,065</b>	<b>100.00%</b>	<b>\$ (283,680)</b>	<b>-3.33%</b>	<b>\$ 8,324,412</b>	<b>\$ 8,510,745</b>	<b>\$ 186,333</b>
<b>EXPENDITURES</b>							
Salaries	\$ 3,623,760	44.05%	\$ 33,580	0.94%	\$ 3,540,520	\$ 3,590,180	\$ 49,660
Fringe Benefits	\$ 1,018,303	12.38%	\$ (2,016)	-0.20%	\$ 1,012,580	\$ 1,020,319	\$ 7,739
Travel \ Workshop	\$ 44,066	0.54%	\$ (18,156)	-29.18%	\$ 41,972	\$ 62,222	\$ 20,250
Prescription Drugs and Medication	\$ 4,451	0.05%	\$ 1,951	78.04%	\$ 2,500	\$ 2,500	\$ -
Consumable Supplies	\$ 35,527	0.43%	\$ 2,585	7.85%	\$ 31,392	\$ 32,942	\$ 1,550
Contracted Services	\$ 2,801,915	34.06%	\$ (223,725)	-7.39%	\$ 2,960,252	\$ 3,025,640	\$ 65,388
Capital Outlay	\$ 74,988	0.91%	\$ (21,727)	-22.46%	\$ 90,103	\$ 96,715	\$ 6,612
Furniture & Equipment	\$ 54,374	0.66%	\$ 3,590	7.07%	\$ 45,655	\$ 50,784	\$ 5,129
Facility \ Telephone \ Utility	\$ 448,206	5.45%	\$ (13,539)	-2.93%	\$ 442,154	\$ 461,745	\$ 19,591
Insurance Costs	\$ 18,750	0.23%	\$ 1,286	7.36%	\$ 17,050	\$ 17,464	\$ 414
Vehicle Costs	\$ 16,642	0.20%	\$ (869)	-4.96%	\$ 15,511	\$ 17,511	\$ 2,000
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 11,838	0.14%	\$ (12,663)	-51.68%	\$ 20,701	\$ 24,501	\$ 3,800
Client Support Costs	\$ 74,245	0.90%	\$ (33,977)	-31.40%	\$ 104,022	\$ 108,222	\$ 4,200
<b>TOTAL EXPENDITURES</b>	<b>\$ 8,227,065</b>	<b>100.00%</b>	<b>\$ (283,680)</b>	<b>-3.33%</b>	<b>\$ 8,324,412</b>	<b>\$ 8,510,745</b>	<b>\$ 186,333</b>
<b>TOTAL FTE'S</b>	<b>78.63</b>		<b>(3.68)</b>	<b>-4.47%</b>	<b>76.50</b>	<b>82.30</b>	<b>5.80</b>



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2011 BUDGET PLAN

### BUDGET ASSUMPTIONS

- Continuation of Crisis Redesign using established funds.
- Anticipate application for additional funds.
- Maintain current medical staff capacity.
- Maintain current Managed Care Operations staffing and capacity.
- Maximize use of cost reduction strategies for pharmaceuticals.

MH Crisis Services
<b>Goal 1:</b> Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
Begin development of trauma informed services.
Provide evidence-based disaster MH planning and treatment.
Maintain compliance with contracts and other legal requirements.
<b>Goal 2:</b> Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.
Develop data providing relevant, practical data to Management Team (EMT, QLT).
Maintain informed/trained workforce in Deficit Reduction Act, confidentiality, documentation.
Ensure timely and relevant staff training and accreditation.



Encourage peer recovery activities in crisis services.
Recruit, retain, and supervise medical staff.
Provide training in trauma informed care to staff.
<b>Goal 3:</b> Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
Workforce Diversity – Participate in the Department’s Affirmative Action Program to ensure that the employees represent the diverse ideas, cultures and thinking of the Divisions’ hiring community.
Continue effective operation of MH Crisis Re-Design plan including MCOT, Hotline, crisis respite, crisis residential and in-patient resources.
Evaluate telemedicine.
Implement crisis chat services.
<b>Goal 4:</b> Demonstrates the community’s expectation for and the Center’s acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.
Direct Center activities related to interagency taskforces and community stakeholders.
Continue to expand crisis presentations for agency staff and community partners.
Continue to expand outreach and consultation/lethality training with UT and other community agencies.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2011 PROPOSED BUDGET  
PROGRAM SUPPORT**

	FY 2011 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2010 CURRENT	PERCENT BUDGET CHANGE	FY 2010 ORIGINAL BUDGET	FY 2010 CURRENT BUDGET	FY 2010 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 227,964	13.01%	\$ 14,789	6.94%	\$ 233,890	\$ 213,175	\$ (20,715)
Travis County	\$ 203,775	11.63%	\$ (26,281)	-11.42%	\$ 208,654	\$ 230,056	\$ 21,402
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Rental Income	\$ 12,912	0.74%	\$ 3,509	37.32%	\$ 9,403	\$ 9,403	\$ -
Other Local	\$ 168,351	9.61%	\$ 16,800	11.09%	\$ 134,051	\$ 151,551	\$ 17,500
<b>Total Local Funds</b>	<b>\$ 613,002</b>	<b>34.99%</b>	<b>\$ 8,817</b>	<b>1.46%</b>	<b>\$ 585,998</b>	<b>\$ 604,185</b>	<b>\$ 18,187</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 731,762	41.77%	\$ 50,284	7.38%	\$ 747,904	\$ 681,478	\$ (66,426)
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ 65,632	3.75%	\$ (142,437)	-68.46%	\$ 208,069	\$ 208,069	\$ -
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 797,394</b>	<b>45.51%</b>	<b>\$ (92,153)</b>	<b>-10.36%</b>	<b>\$ 955,973</b>	<b>\$ 889,547</b>	<b>\$ (66,426)</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 341,675	19.50%	\$ 90,688	36.13%	\$ 250,987	\$ 250,987	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total Federal Funds</b>	<b>\$ 341,675</b>	<b>19.50%</b>	<b>\$ 90,688</b>	<b>36.13%</b>	<b>\$ 250,987</b>	<b>\$ 250,987</b>	<b>\$ -</b>
<b>TOTAL REVENUES</b>	<b>\$ 1,752,071</b>	<b>100.00%</b>	<b>\$ 7,352</b>	<b>0.42%</b>	<b>\$ 1,792,958</b>	<b>\$ 1,744,719</b>	<b>\$ (48,239)</b>
<b>EXPENDITURES</b>							
Salaries	\$ 1,041,371	59.44%	\$ 13,144	1.28%	\$ 1,081,976	\$ 1,028,227	\$ (53,749)
Fringe Benefits	\$ 314,996	17.98%	\$ (18,693)	-5.60%	\$ 345,679	\$ 333,689	\$ (11,990)
Travel \ Workshop	\$ 25,216	1.44%	\$ 13,590	116.89%	\$ 11,626	\$ 11,626	\$ -
Prescription Drugs and Medication	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 19,239	1.10%	\$ 4,695	32.28%	\$ 14,544	\$ 14,544	\$ -
Contracted Services	\$ 79,255	4.52%	\$ (24,226)	-23.41%	\$ 103,481	\$ 103,481	\$ -
Capital Outlay	\$ 12,541	0.72%	\$ (3,747)	-23.00%	\$ 16,288	\$ 16,288	\$ -
Furniture & Equipment	\$ 15,724	0.90%	\$ 1,117	7.65%	\$ 14,607	\$ 14,607	\$ -
Facility \ Telephone \ Utility	\$ 77,608	4.43%	\$ 2,540	3.38%	\$ 75,068	\$ 75,068	\$ -
Insurance Costs	\$ 2,213	0.13%	\$ (711)	-24.32%	\$ 2,924	\$ 2,924	\$ -
Vehicle Costs	\$ 42,049	2.40%	\$ 13,954	49.67%	\$ 28,095	\$ 28,095	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 118,609	6.77%	\$ 12,854	12.15%	\$ 98,255	\$ 105,755	\$ 7,500
Client Support Costs	\$ 3,250	0.19%	\$ (7,165)	-68.80%	\$ 415	\$ 10,415	\$ 10,000
<b>TOTAL EXPENDITURES</b>	<b>\$ 1,752,071</b>	<b>100.00%</b>	<b>\$ 7,352</b>	<b>0.42%</b>	<b>\$ 1,792,958</b>	<b>\$ 1,744,719</b>	<b>\$ (48,239)</b>
<b>TOTAL FTE'S</b>	<b>21.67</b>		<b>(1.75)</b>	<b>-7.47%</b>	<b>22.92</b>	<b>23.42</b>	<b>0.50</b>



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2011 BUDGET PLAN

### BUDGET ASSUMPTIONS

- Actively engage consumers in identifying and seeking enrollment in key benefit plans.
- Ensure a safe and risk free work environment in our buildings and fleet.
- Maintain a responsive Medical Records function to satisfy the needs of clinicians and consumers.

PROGRAM SUPPORT TOTAL
<b>Goal 1:</b> Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
N/A
<b>Goal 2:</b> Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.
N/A
<b>Goal 3:</b> Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
N/A
<b>Goal 4:</b> Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong





advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.

Serve on Privacy and Security Workgroup of the Texas Health Services Authority to examine key release of consumer information in the emerging electronic Health Record environment.

Expand and refine advocacy and mediation services for consumers and providers:

- Modernize and streamline operations in the consumer rights office
- Develop consumer advocacy materials
- Supporting the successful transition involved with the local planning and network development plan.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2011 PROPOSED BUDGET  
COMMUNITY PLANNING & INITIATIVES**

	<b>FY 2011 ANNUAL BUDGET</b>	<b>PERCENT OF TOTAL</b>	<b>CHANGE FY 2010 CURRENT</b>	<b>PERCENT BUDGET CHANGE</b>	<b>FY 2010 ORIGINAL BUDGET</b>	<b>FY 2010 CURRENT BUDGET</b>	<b>FY 2010 YTD BUDGET CHANGE</b>
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 302,807	55.36%	\$ (44,014)	-12.69%	\$ 304,450	\$ 346,821	\$ 42,371
Travis County	\$ 25,000	4.57%	\$ -	0.00%	\$ -	\$ 25,000	\$ 25,000
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Rental Income	\$ 44,801	8.19%	\$ 1,608	3.72%	\$ 43,193	\$ 43,193	\$ -
Other Local	\$ 119,919	21.92%	\$ 78,838	191.91%	\$ 23,000	\$ 41,081	\$ 18,081
<b>Total Local Funds</b>	<b>\$ 492,527</b>	<b>90.05%</b>	<b>\$ 36,432</b>	<b>7.99%</b>	<b>\$ 370,643</b>	<b>\$ 456,095</b>	<b>\$ 85,452</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 54,424	9.95%	\$ 2,344	4.50%	\$ -	\$ 52,080	\$ 52,080
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 54,424</b>	<b>9.95%</b>	<b>\$ 2,344</b>	<b>4.50%</b>	<b>\$ -</b>	<b>\$ 52,080</b>	<b>\$ 52,080</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ (50,000)	-100.00%	\$ -	\$ 50,000	\$ 50,000
<b>Total Federal Funds</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ (50,000)</b>	<b>-100.00%</b>	<b>\$ -</b>	<b>\$ 50,000</b>	<b>\$ 50,000</b>
<b>TOTAL REVENUES</b>	<b>\$ 546,951</b>	<b>100.00%</b>	<b>\$ (11,224)</b>	<b>-2.01%</b>	<b>\$ 370,643</b>	<b>\$ 558,175</b>	<b>\$ 187,532</b>

<b>EXPENDITURES</b>							
Salaries	\$ 198,726	36.33%	\$ 30,992	18.48%	\$ 104,523	\$ 167,734	\$ 63,211
Fringe Benefits	\$ 44,901	8.21%	\$ 6,604	17.24%	\$ 22,594	\$ 38,297	\$ 15,703
Travel \ Workshop	\$ 37,832	6.92%	\$ 22,015	139.19%	\$ 20,280	\$ 15,817	\$ (4,463)
Prescription Drugs and Medication	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 8,056	1.47%	\$ 6,404	387.65%	\$ 1,864	\$ 1,652	\$ (212)
Contracted Services	\$ 17,776	3.25%	\$ (25,447)	-58.87%	\$ 5,401	\$ 43,223	\$ 37,822
Capital Outlay	\$ 9,148	1.67%	\$ (1,454)	-13.71%	\$ 10,602	\$ 10,602	\$ -
Furniture & Equipment	\$ 1,677	0.31%	\$ 932	125.10%	\$ 745	\$ 745	\$ -
Facility \ Telephone \ Utility	\$ 44,685	8.17%	\$ (85,055)	-65.56%	\$ 85,540	\$ 129,740	\$ 44,200
Insurance Costs	\$ 12,859	2.35%	\$ 4,978	63.16%	\$ 2,081	\$ 7,881	\$ 5,800
Vehicle Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 171,291	31.32%	\$ 28,807	20.22%	\$ 117,013	\$ 142,484	\$ 25,471
Client Support Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 546,951</b>	<b>100.00%</b>	<b>\$ (11,224)</b>	<b>-2.01%</b>	<b>\$ 370,643</b>	<b>\$ 558,175</b>	<b>\$ 187,532</b>

<b>TOTAL FTE'S</b>	<b>3.25</b>	<b>0.75</b>	<b>30.00%</b>	<b>1.30</b>	<b>2.50</b>	<b>1.20</b>
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## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2011 BUDGET PLAN

### BUDGET ASSUMPTIONS

- Assume a leadership role in advancing community collaborations to address emerging and chronic conditions impacting ATCIC's consumers.
- Work with community leaders to identify gaps and community indicators to measure progress towards common goals.

COMMUNITY PLANNING & INITIATIVES
<b>Goal 1:</b> Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
N/A
<b>Goal 2:</b> Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.
N/A
<b>Goal 3:</b> Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
N/A
<b>Goal 4:</b> Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.



Maximize and develop ATCIC's leadership role in community initiatives, programs, collaborations and partnerships through events, committee work and publicity. This includes but is not limited to the continued strategic alignment with existing partner organizations:

- Central Texas African American Family Support Conference
- Community Action Network
- Mental Health Task Force Committee
- New Milestones Foundation
- Planning and Network Advisory Committee

Work with community partners to develop a community dashboard and refine and track indicators.



**AUSTIN TRAVIS COUNTY INTEGRAL CARE  
FISCAL YEAR 2011 PROPOSED BUDGET  
AUTHORITY / ADMINISTRATION SUPPORT SERVICES**

	FY 2011 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2010 CURRENT	PERCENT BUDGET CHANGE	FY 2010 ORIGINAL BUDGET	FY 2010 CURRENT BUDGET	FY 2010 YTD BUDGET CHANGE
<b>REVENUES</b>							
<b>Local Funds:</b>							
City of Austin	\$ 1,209,690	19.70%	\$ 79,702	7.05%	\$ 1,103,870	\$ 1,129,988	\$ 26,118
Travis County	\$ 589,747	9.60%	\$ (93,717)	-13.71%	\$ 664,856	\$ 683,464	\$ 18,608
Client Fees, Rents, & Insurance	\$ 6,020	0.10%	\$ (166)	-2.68%	\$ 6,186	\$ 6,186	\$ -
Rental Income	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Local	\$ 154,991	2.52%	\$ (23,620)	-13.22%	\$ 186,111	\$ 178,611	\$ (7,500)
<b>Total Local Funds</b>	<b>\$ 1,960,448</b>	<b>31.92%</b>	<b>\$ (37,801)</b>	<b>-1.89%</b>	<b>\$ 1,961,023</b>	<b>\$ 1,998,249</b>	<b>\$ 37,226</b>
<b>State Funds:</b>							
DSHS Mental Health	\$ 1,919,580	31.26%	\$ 7,705	0.40%	\$ 1,791,806	\$ 1,911,875	\$ 120,069
DSHS Substance Abuse	\$ 208,954	3.40%	\$ 11,310	5.72%	\$ 197,644	\$ 197,644	\$ -
DADS	\$ 426,196	6.94%	\$ (34,848)	-7.56%	\$ 420,288	\$ 461,044	\$ 40,756
TCOOMMI	\$ 119,033	1.94%	\$ -	0.00%	\$ 117,932	\$ 119,033	\$ 1,101
DARS (Early Childhood Intervention)	\$ 204,888	3.34%	\$ 49,201	31.60%	\$ 159,037	\$ 155,687	\$ (3,350)
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
<b>Total State Funds</b>	<b>\$ 2,878,651</b>	<b>46.88%</b>	<b>\$ 33,368</b>	<b>1.17%</b>	<b>\$ 2,686,707</b>	<b>\$ 2,845,283</b>	<b>\$ 158,576</b>
<b>Federal Funds:</b>							
Medicare/Medicaid/STAR/CHIP	\$ 999,278	16.27%	\$ (84,701)	-7.81%	\$ 1,015,966	\$ 1,083,979	\$ 68,013
HCS / Tx Hm Lvg Waiver	\$ 280,046	4.56%	\$ 89,847	47.24%	\$ 190,199	\$ 190,199	\$ -
Other Federal	\$ 22,489	0.37%	\$ (15,527)	-40.84%	\$ 58,826	\$ 38,016	\$ (20,810)
<b>Total Federal Funds</b>	<b>\$ 1,301,813</b>	<b>21.20%</b>	<b>\$ (10,381)</b>	<b>-0.79%</b>	<b>\$ 1,264,991</b>	<b>\$ 1,312,194</b>	<b>\$ 47,203</b>
<b>TOTAL REVENUES</b>	<b>\$ 6,140,912</b>	<b>100.00%</b>	<b>\$ (14,814)</b>	<b>-0.24%</b>	<b>\$ 5,912,721</b>	<b>\$ 6,155,726</b>	<b>\$ 243,005</b>
<b>EXPENDITURES</b>							
Salaries	\$ 3,751,758	61.09%	\$ 122,497	3.38%	\$ 3,637,096	\$ 3,629,261	\$ (7,835)
Fringe Benefits	\$ 1,046,834	17.05%	\$ (15,612)	-1.47%	\$ 1,064,179	\$ 1,062,446	\$ (1,733)
Travel \ Workshop	\$ 38,467	0.63%	\$ 724	1.92%	\$ 37,743	\$ 37,743	\$ -
Prescription Drugs and Medication	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 58,724	0.96%	\$ (5,051)	-7.92%	\$ 63,775	\$ 63,775	\$ -
Contracted Services	\$ 106,113	1.73%	\$ (200,177)	-65.36%	\$ 62,959	\$ 306,290	\$ 243,331
Capital Outlay	\$ 45,796	0.75%	\$ (13,626)	-22.93%	\$ 59,422	\$ 59,422	\$ -
Furniture & Equipment	\$ 128,822	2.10%	\$ 14,370	12.56%	\$ 114,452	\$ 114,452	\$ -
Facility \ Telephone \ Utility	\$ 537,064	8.75%	\$ 37,815	7.57%	\$ 494,749	\$ 499,249	\$ 4,500
Insurance Costs	\$ 50,404	0.82%	\$ 4,009	8.64%	\$ 46,395	\$ 46,395	\$ -
Vehicle Costs	\$ 6,067	0.10%	\$ (977)	-13.87%	\$ 7,044	\$ 7,044	\$ -
Professional Fees	\$ 150,263	2.45%	\$ 5,415	3.74%	\$ 144,848	\$ 144,848	\$ -
Other Operating Costs	\$ 219,436	3.57%	\$ 35,804	19.50%	\$ 178,890	\$ 183,632	\$ 4,742
Client Support Costs	\$ 1,164	0.02%	\$ (5)	-0.43%	\$ 1,169	\$ 1,169	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 6,140,912</b>	<b>100.00%</b>	<b>\$ (14,814)</b>	<b>-0.24%</b>	<b>\$ 5,912,721</b>	<b>\$ 6,155,726</b>	<b>\$ 243,005</b>
<b>TOTAL FTE'S</b>	<b>73.16</b>		<b>0.94</b>	<b>1.30%</b>	<b>71.90</b>	<b>72.22</b>	<b>0.32</b>



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY 2011 BUDGET PLAN

### BUDGET ASSUMPTIONS

- Examine opportunities for operational efficiency by proper introduction of information technology.
- Develop long term funding relationships with foundations.
- Examine opportunities to move Center to a “Green” profile.
- Expand the production of print and electronic communication media.
- Increase efficiency of communications department by streamlining operational processes and greater use of technology.
- Increase consumer choice through the expansion of network services.

AUTHORITY/ADMINISTRATION SUPPORT SERVICES
<b>Goal 1:</b> Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
<b>Cultural Competency</b> – Develop organization-wide knowledge, behaviors and policies that meets the needs of diverse populations through specific clinical standards, skills, service approaches and communication programs that match a consumer’s culture and increase the quality and appropriateness of health care and outcomes <ol style="list-style-type: none"><li>1. Continue development of publications that meet community needs.</li><li>2. Conduct community outreach to underserved populations in a culturally sensitive manner</li><li>3. Increase engagement through the appropriate use of technology and communications for individuals with IDD, hearing and seeing impairments</li><li>4. Expand cultural competency development for ATCIC staff</li></ol>
<b>Public Awareness</b> - Promote community understanding and supports behavioral health and IDD issues. <ul style="list-style-type: none"><li>○ Provide information on behavioral health and IDD including signs, symptoms and definitions</li><li>○ Create new ways to communicate service access points</li><li>○ Increase communication and transparency of ATCIC activities, finances and outcomes</li><li>○ Use a variety of communication tools to inform the community about the</li></ul>



<p>full range of services available at ATCIC and other local providers</p> <ul style="list-style-type: none"><li>○ Increase the role of volunteers, peer support, clinical internships and professional providing pro-bono services</li><li>○ Strengthen outreach and educational efforts on IDD issues and services with collaborators and local school districts</li><li>○ Increase the avenues through which community support is received such as resources gathered by New Milestones Foundation, family foundations and others</li></ul>
<p><b>Advocacy</b> - Expand consumer-focused public policy support</p> <ul style="list-style-type: none"><li>○ Communicate health care reform changes and advances</li><li>○ Convene and engage with stakeholders to identify public policy challenges and create solutions</li><li>○ Engage with community and consumer organizations in public policy education</li><li>○ Collaborate with federal, state and local governments to increase quality and quantity of services</li><li>○ Continue to educate and create opportunities for dialogue with local, state and federal policy makers on mental health and IDD issues</li><li>○ Serve as a data resource for policy decision making</li></ul>
<p>Develop information and provide forum for consumers to choose from among providers who apply to participate in the network for behavioral health services.</p>
<p><b>Goal 2:</b> Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.</p>
<p>Complete initiative of on-line timesheet reporting to increase operational efficiencies over paper routing.</p>
<p>Provide ongoing leadership training presentations to staff as part of ATCIC's efforts to assist employees in improving job-related skills and climbing career ladders.</p>
<p>Perform a comprehensive review of benefits offered to ATCIC employees to ensure benefits are being paid within Board of Trustees guidelines.</p>
<p><b>Goal 3:</b> Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and</p>



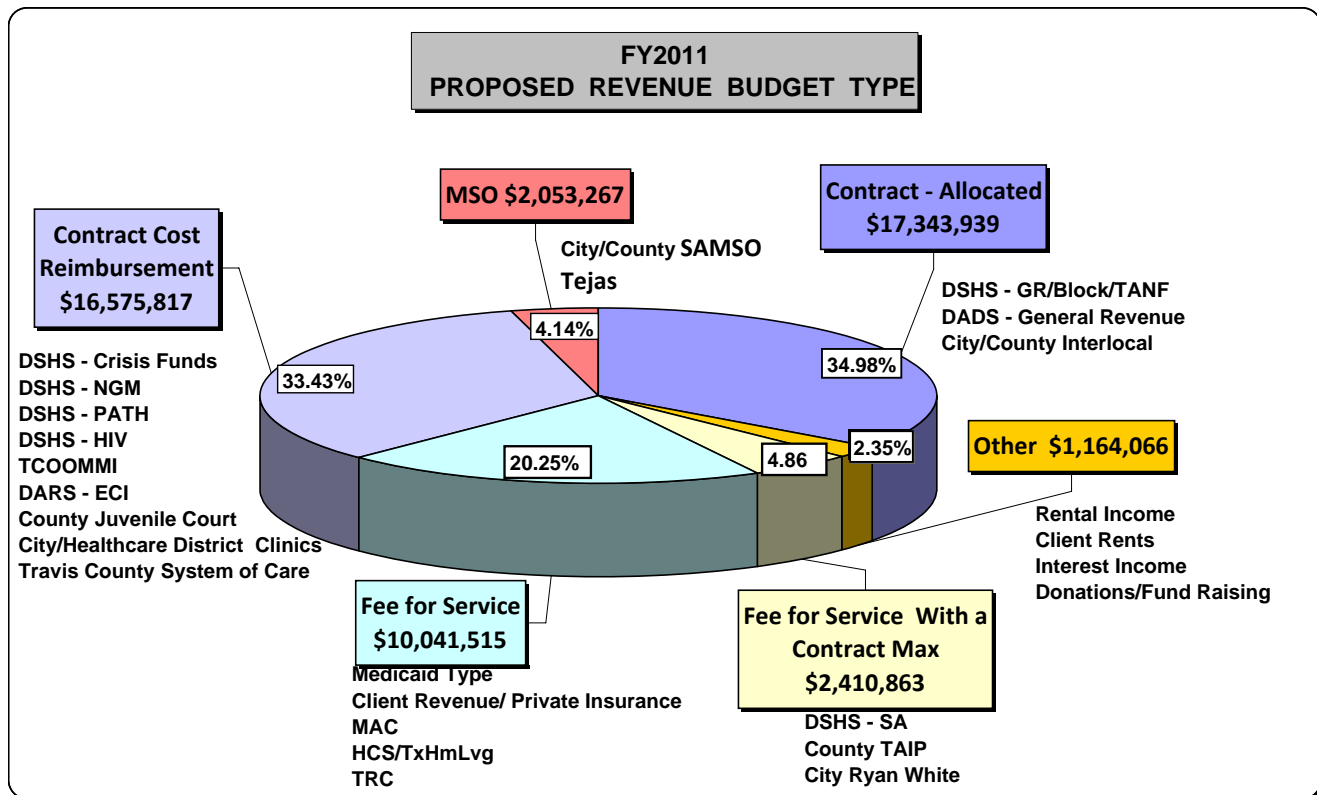
commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
Complete implementation of AZ Central Assessment Treatment Plan Version 3.
Upgrade the Citrix/Terminal Server Farm.
Align ATCIC technology and business processes to satisfy Meaningful Use criteria of ARRA.
Complete the renovations of Next Step and expand facility to full capacity.
Complete renovations of 403 E. 15 <sup>th</sup> Street to accommodate OCRP and Project Recovery allowing for expansion of Next Step at its current location.
Support the capital campaign of New Milestones Foundation to assist in acquisition of new facilities.
Introduce and make application for infrastructure improvements from large foundations.
Work with software vendor to allow for the electronic submission of claims to improve efficiency in claims management.
<b>Goal 4:</b> Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.
Install solar photovoltaic panels at 6222 N. Lamar St.
Transition cleaning services to a "green" cleaning service provider.
Continue to transition the Heat, Ventilation, and Air Conditioning (HVAC) systems to the new 410A refrigerant.
Enroll in Managed Care provider Networks to assist our consumers in minimizing cost of service provision.
Benchmark Center's billing process regarding fee revenues and align business processes throughout the Center to maximize overall efficiency.



# Appendix



## AUSTIN TRAVIS COUNTY INTEGRAL CARE FY2011 PROPOSED REVENUE BUDGET BY TYPE OF FUNDING



**Contract - Allocated** are state General Revenue, MH Block and City / County Interlocal funds. The General Revenue and MH Block funds are to provide local authority functions and ensure the provision of mental health and developmental disability services to consumers who meet the criteria of the priority population. The City / County Interlocal provides required local match to General Revenue and MH Block funds.

**Cost Reimbursement Contracts** include a specified line item budget for stipulated services. Funds are reimbursed after the Center has incurred the expense.

**Contract Max - Fee for Service** revenue is earned after a defined unit of service is rendered at a specified rate of pay to a prescribed population. The revenue earned cannot exceed the total amount of the contract.

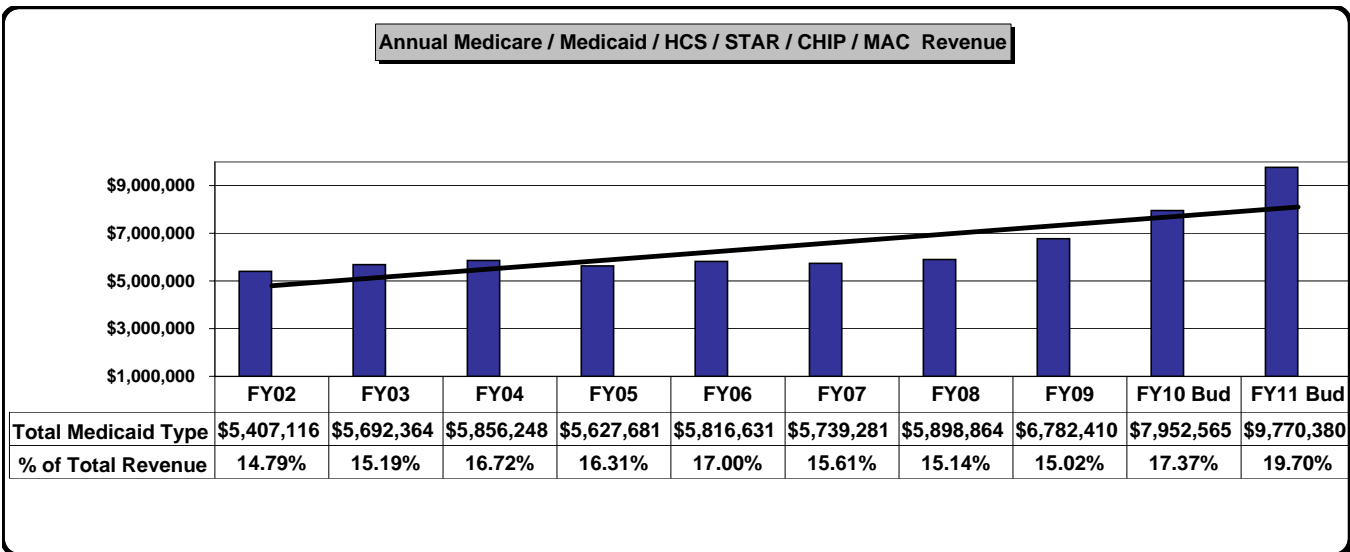
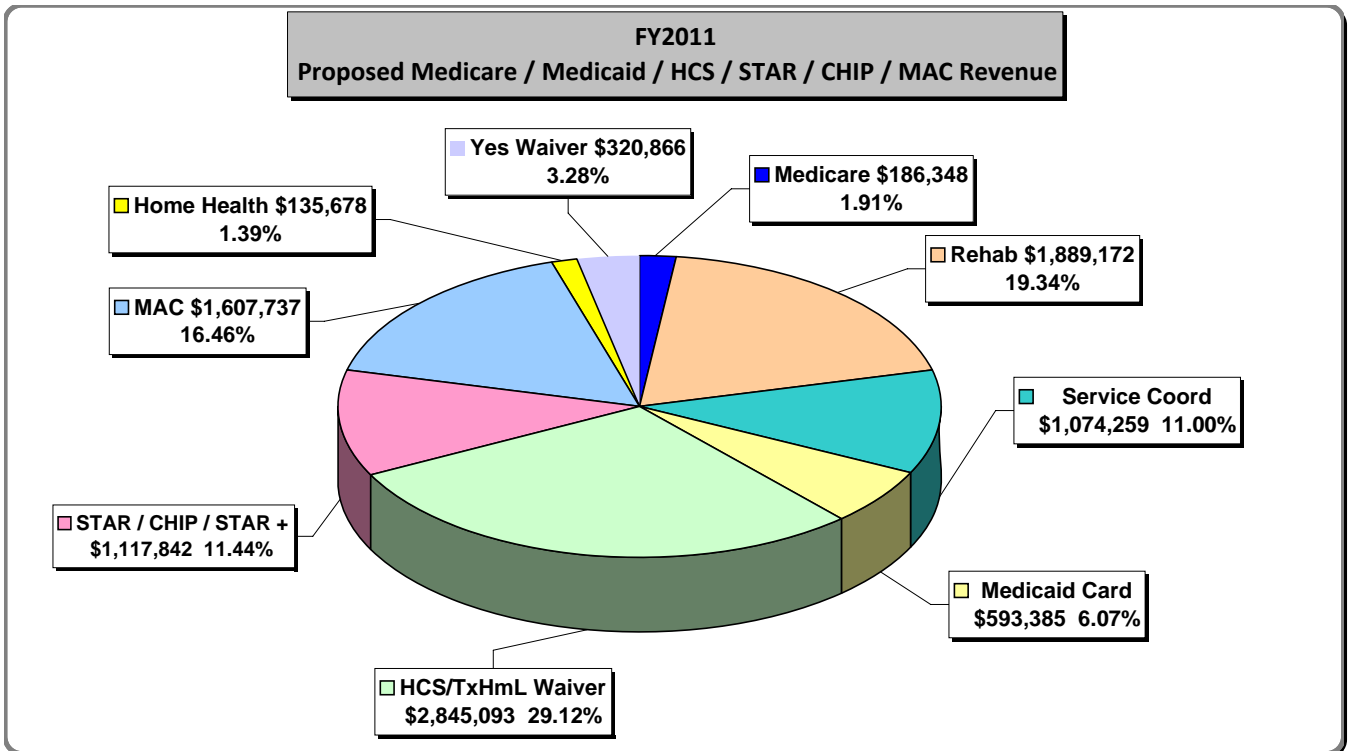
**Fee for Service** revenue is earned after a defined unit of service is rendered at a specified rate of pay to consumers who qualify for the benefit plan. The revenue earned is not limited except for settle-up for Rehab and Service Coordination up to 125% of cost.

**MSO** funds are received for managing service delivery contracts and paying contract service providers. The MSO functions include network development, utilization management, credentialing, claims payment and risk management.

**Other** includes all other type funding, including rental income, client rents, interest income.



## AUSTIN TRAVIS COUNTY INTEGRAL CARE MEDICARE / MEDICAID / HCS / STAR / CHIP TYPE REVENUE



Type	FY2011 Budget	FY2010 Budget	Change
Medicare	\$186,348	\$208,577	(\$22,229)
Rehab	\$1,889,172	\$2,218,779	(\$329,607)
Service Coord / Case Mgmt	\$1,074,259	\$820,753	\$253,506
Medicaid Card	\$593,385	\$495,219	\$98,166
HCS/TxHmL Waiver	\$2,845,093	\$1,910,964	\$934,129
STAR / CHIP / STAR +	\$1,117,842	\$525,155	\$592,687
MAC	\$1,607,737	\$1,447,000	\$160,737
Home Health	\$135,678	\$326,118	(\$190,440)
Yes Waiver	\$320,866	\$0	\$320,866
<b>Total</b>	<b>\$9,770,380</b>	<b>\$7,952,565</b>	<b>\$1,817,815</b>



## Budget Forums FY 2011

<b>Goal 1:</b> Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.	
<b>Input: Planning and Network Advisory Committee (PNAC), VOICE, and Consumer Council</b>	<b>Responses</b>
Continue current services.	As we get into the budgeting process for FY2011, we will attempt to continue all current services for which we can identify funding. By direction of the Board, services are to be cut only as a last resort, and it is the goal to continue all services into FY2011.
Expansion of LOC3 services.	As, and when, funding is available for additional staff, LOC3 services can be expanded.
<b>Input: Employee Forums</b>	
<b>Responses</b>	
Question of quantity vs. quality (expand our services or compensate employees with longevity).	Performance targets for various contracts must be met. We are continually looking for ways to reward staff for their good work.
Can we have a nursing forum?	Discussed with Ken Kiff, and additional presentations qualified for CNEs have been added this year.
Children Psychiatrist could bill more with Medical Assistants plus more automation.	Noted.
Can we charge a small fee for their no-show?	Not under the community charges rule.
Allow consumers who show several timely appointments to have a credit toward future co-pays.	Not under our current procedures.
Partner with social services offices for mobile staff to provide services at satellite locations.	Will discuss with division directors to determine possibilities.
Investigate the possibility of co-locating	Some co-locating currently occurs



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at other program/bldgs.	between IDD and CFS. Plans are underway to create a satellite in the northern part of the city which would be for all divisions.
Flex funds needed for TCOOMMI through DSHS.	The current contract does not allow this.
Volunteer Program and supports to direct programs is valued.	Thank you!
<b>Input: Community Forum</b>	<b>Responses</b>
What kind of services will be covered by new Medicaid Substance Use benefit?	You can go to the DSHS website to get this information.
What structural elements go into addressing lowering waiting lists?	Funding, prioritization of services, levels of need, etc.
There is a shortage of psychiatrists in Community.	There is a national shortage of psychiatric prescribers. Some aspects of healthcare reform (funding at medical schools) may provide some relief in the future.
Look for ways to improve services in cost effective ways vs. cutting.	Everyone needs to do their part in making suggestions to their supervisors about new cost effective measures.



**Goal 2:** Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.

<b>Input: Planning and Network Advisory Committee (PNAC), VOICE, and Consumer Council</b>	<b>Responses</b>
No comments.	
<b>Input: Employee Forums</b>	<b>Responses</b>
<ul style="list-style-type: none"> <li>• Demoralizing to have same compensation for years.</li> <li>• Health benefit is robust; fringe benefit package doesn't always translate to cash to the employee.</li> <li>• Please improve communications of compensation direction.</li> <li>• Bonuses vs. Merit Based Pay (Bonus is nice – bad feeling without merit raise) (500.00 was fantastic – equivalent to merit) (How to award relief with bonuses)</li> <li>• How valuable is dependent coverage? (very well received)</li> <li>• Tier plans work very well in other work environments.</li> <li>• How do we reconcile pay raises when degrees get paid less than CEO?</li> <li>• Universalizing our job titles to the State Class Compensation</li> </ul>	<p>ATCIC's Human Resources Department is coordinating with the Executive Director on presentation in the near future of an information session for employees in which ATCIC will respond to employee input provided during the forum meetings for the FY 2011 Budget.</p>



<p>System and publicize.</p> <ul style="list-style-type: none"> <li>• Why do different location Admin. Assistants get different pay?</li> <li>• Salaries are lower for special therapist to attract them to our Agency – stretches our staff very thin.</li> <li>• Salaries (D.E.)</li> <li>• Flat rate for a raise instead of % of salary.</li> </ul>	
How helpful is benefits in the total compensation package?	The typical range of the ATCIC employee benefit package value is 24-30% of the base salary.
Increasing 5% to retirement – mixed	Any funding for an increase of this type would have to come from elsewhere in ATCIC's budget, but is unlikely in the near future because of the continued increase to ATCIC in the cost of employee health insurance premiums.
Willing to pay \$20.00 to current health benefit package (fairly well).	ATCIC should be able to avoid any charge to employees for health/dental benefits in Fiscal Year 2011.
Can we examine selling vacation and holiday time? (well ½ - ½)	This was examined by a workgroup and considered not feasible at this time.
Great Leadership Training available to all staff is awesome.	Thank you!
Require all Management complete Leadership Training – very beneficial.	Will consider at EMT level; thank you for the suggestion.
Recruit for employees beyond boundaries, especially bi-lingual, Austin, go to Valley.	Our job postings are available via the Internet; cost is a factor in making out of town recruitment trips.
Employee Excellence is worded in a discouraging way when it must be above and beyond.	Noted; however, the purpose of the award is to encourage employees to exceed the normal expectations associated with their positions.
What can we put in place to treat relief staff with awards?	Will consider at EMT level.
It takes just as much time to train relief	Noted.



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as full-time staff who will leave if not recognized.	
Examine causal factors for high turnover rates.	This is already being done by the Human Resources Department and results are presented to the Board of Trustees Human Resources Committee on a regular basis.
Assist frontline staff who work with Medicaid Services to assist in retiring school loans.	HR will research opportunities for debt relief and will provide information to employees.
For employees eligible for Medicare, make Medicare primary and Center's insurance secondary and assist employees with Part A&B coverage.	Medicare will not allow this.
Reward employees with no claims and healthy lifestyles (re: health insurance)	Noted.
Wellness program and encourage healthy lifestyles to decrease health claims.	This is part of ATCIC's approach to its employee benefits program.
Encourage flexible schedules.	Noted.
Investigate other wellness program models.	ATCIC is constantly reviewing what is available in the marketplace in this and other employee benefits areas to bring ATCIC staff the best possible benefit package within the applicable budget parameters.
Penalize individuals who do not participate in wellness (mandatory)	This type of activity is not permitted by law.
Apply money used for bonus toward salary increases.	Noted.
Benefit package.	Not sure how to respond; not stated as a question.
Staff are encouraged to flex schedule for self-care.	Not sure how to respond; not stated as a question.
On site classes.	Please provide more detail on this suggestion through a submission to the ATCIC Employee Suggestion Box.
Appreciate the wellness programs being rolled out by HR.	Thank you!
Consider flex-time scheduling for staff.	Noted.
Health benefits make up for the fact salaries are level.	ATCIC is pleased to be able to continue to offer a high quality benefits package for Fiscal Year 2011.
Consider a sliding scale of Center healthcare participation.	Please provide more detail on this suggestion through a submission to the





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	ATCIC Employee Suggestion Box.
Consider participation based on the number of covered lives (dependents)	That idea was considered for Fiscal Year 2011, but not approved, and will continue to be a topic of discussion for future years.
Consider a higher deductible plan to make plan more affordable for staff with children.	A high deductible plan was included in the options considered this year, but not approved at this time in order to maintain a high level of coverage for employees overall.
Make bonus based on merit rather than just being on staff – more motivating.	Noted.
Maintain strict parameters on bonus to keep out subjectivity.	The bonus policy/procedure provides for only objective parameters for bonus eligibility. Please notify the Director of Human Resources of any potential deviation from this policy/procedure.
Staff person would give up bonus to ensure families get health coverage for their children.	Noted.
Production Bonus on staff with travel and case management needs to be revisited to ensure stable morale.	Please provide more detail on this suggestion through a submission to the ATCIC Employee Suggestion Box.
People on front line don't feel upper management has any idea what they do (more dialogue with staff budget and actual work).	We will try harder.
<b>Input: Community Forum</b>	<b>Responses</b>
How does County by County compare around salary structure?	ATCIC's Human Resources Department is coordinating with the Executive Director on presentation in the near future of an information session for employees in which ATCIC will respond to employee input on salaries and their relationship to total employee compensation provided during the 2011 Budget Forum meetings.
Are benefit Plans to Center comparable to State's?	ATCIC's Human Resources Department is coordinating with the Executive Director on presentation in the near future of an information session for employees in which ATCIC



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	will respond to employee input provided during the 2011 Budget Forum meetings.
How will recently passed healthcare law impact benefit packages?	Unknown at this point, but we are gathering information in order to make this determination in the near future.
The above issue ties to employee retention and quality services.	Agreed that compensation and benefits are a factor in employee retention and quality services.
Competition for employees will be fierce.	Not sure how to respond to this statement.



<b>Goal 3:</b> Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.	
<b>Input: Planning and Network Advisory Committee (PNAC), VOICE, and Consumer Council</b>	<b>Responses</b>
Employees who have multiple insurance coverage – employer's insurance is first payor.	ATCIC does not have discretion to determine primary insurance payors.
Medication costs for consumer – maximizing PAP.	ATCIC maximizes PAP for all eligible consumers.
Comparison of budget year over year.	The 2011 Budget Book has such a summary comparison.
<b>Input: Employee Forums</b>	<b>Responses</b>
Tablet P.C. for family signatures in the homes.	AZ Central now has functionality that allows for client signatures with any mobile computer with an attached signature pad. ATCIC already owns that software. The software is installed and some limited testing has been done. It is available for use as programs and budget allow.
Are new net books going to be used with Anasazi?	Yes; the netbooks are being used with AZ Central via the Internet. The netbooks are Internet-connected devices and do not plug into our network with a "blue" cord but work satisfactory using Citrix. Twenty-nine (29) netbooks have already been deployed; more are on order.
Can we re-contract for recycling at NLPB?	Thank you for your suggestion. The Center continues to search for a recycling vendor.
Reusing old paper for faxing internally.	Internal management preference will dictate implementation.
Can we collect family co-pays through a PayPal type link?	This suggestion is being examined.
What can be done about parking at NLPB?	The Center has requested our Real Estate Broker to conduct a search for parking space that can be rented.



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What can be done about automating MAC Timestudy?	This suggestion will be considered along with MAC changes being rolled out by HHSC.
When can we get electronic timesheets?	Currently, except for relief employees and certain other exceptions, all employees should have access to electronic timesheets.
Development Department is not known at ATCIC.	Noted.
Encouraging to have new furniture; paint due after new moves at NLPB	We are glad you like these changes.
Consider raising mileage rate - Medicaid Transportation Program Rate (MTP)	This recommendation will be reported to Business Practices.
More Grant writing – hire a full-time Grant Writer.	Management will take this under consideration.
Have we ever evaluated benefit of a full time Grant Writer funded by all positions of Center?	See above.
Have clients have means to satisfy co-pay with credit or debit card?	This will be available once ATCIC Website is expanded to capture payment information.
Hire an internal collections person on unpaid client billings.	This was considered once and not acted upon due to the nature of our consumers illnesses.
On-call MIS help desk function after hours	This will be studied should new resources become available.
Laptops available to mobile/community based staff.	Division and unit managers decide what types of computers to assign to staff. Generally, mobile staff are given notebook or netbook computers. In the last few years, ATCIC buying habits have switched from primarily desktop purchases to notebook/netbook purchases.
Thanks for painting NLJ and NLPB.	You're welcome.
Incorporating service authorization into Anasazi.	AZ Central has an authorization process that is fully integrated into the provider-side features of the software. However, ATCIC has chosen not to use that functionality in most cases. There is also authorization functionality in the managed care portion of AZ Central. However, managed care authorizations are not automatically integrated with the provider-side



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	features. More information is needed to fully understand the question from the Forum.
Support services are critical for program staff.	We believe so, as well.
Get Outlook and don't look back at Groupwise.	GroupWise is highly embedded in many processes at the Center and a move to any other mail system will be a major project. In addition, for "power" users, GroupWise includes many features that may be lost during a conversion. That said, ATCIC plans to convert to Microsoft Exchange/Outlook in the next 1-2 years because of pressure for interfaces with other software.
Balance technology with our direct service needs.	Noted.
Some technologies can add directly in impact on direct services.	Agree.
Don't get stuck in old approaches to technology.	Agreed; even our AZ Central software has new features that ATCIC has not implemented but have been embraced by other organizations. New technology requires vision, planning, and commitment from all members of the ATCIC family.
New paint at NLJ bldg.	This is being scheduled.
Drain parking lot at Collier.	Noted.
Put automatic air fresheners in restrooms.	This is being implemented.
Large Training Room needs updating (décor, technology, etc.)	Noted.
Get technology in Group Homes/Safehaven (updated computers, printers, etc.)	Computers and printers deployed to the Group Homes are determined by Division and Unit managers. MIS always encourages the best equipment that is consistent with Unit budgets. MIS publishes a monthly report on the Intranet showing a ranking of all computers in use at ATCIC for use in reviewing installed hardware.
Access/Security issues in the Annex – examine what can be done.	This is being examined.
How do we connect as a functional agency internally between various	We've tried to work on this through the annual Open House event, where staff



departments (i.e. last year's Training Day presentations)?	and community get together to learn about the various programs and services we offer. Training day is another opportunity for this. Using our agency website is another valuable tool that anyone can utilize to familiarize themselves with our agency. Given the limited time and work demands, staff should take advantage of these two events for face-to-face interactions with various departments.
Supervisors need to follow procedures and complete their paperwork (focus on importance to their budget).	Agree.
<b>Input: Community Forum</b>	<b>Responses</b>
Use input from Strategic Plan topical discussions.	Community forums topics on are developed from various sources including requests/demand, requirements and areas of strategic focus.
How much (%) of your funding comes from Federal Funding – Are you seeking new Federal money?	Approximately 20% of ATCIC's Budget is Federal. Yes, we monitor Federal offerings that may meet ATCIC's unfunded gaps.
Are we tracking like Program cuts for City, County and State (components & structural analysis)?	Yes.
Collaborate on use of facilities to address infrastructure needs (too many diverse locations for consumer)	Several ATCIC Programs have co-located with local partners to maximize space use.



<b>Goal 4:</b> Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.	
<b>Input: Planning and Network Advisory Committee (PNAC), VOICE, and Consumer Council</b>	<b>Responses</b>
Consideration of previous PNAC input (5 out of 11 in Principle 3)	The input from the PNAC was reviewed and considered by the Board of Trustees and the Executive Management Team at the budget training on February 5, 2010.
<b>Input: Employee Forums</b>	<b>Responses</b>
Increase our visibility around our Brand in the Community.	We will be launching a community awareness campaign in the late Fall to focus on increased visibility.
How can we notify Communications Department that things are happening at NLPB?	You can contact any one of our department staff (see intranet under "Communications" <a href="\\cl_data\atc\APPL\INTRANET\index.htm">\\cl_data\atc\APPL\INTRANET\index.htm</a> ) via phone, email or using the ASR system to request technical assistance with publicity, publications or events.
<b>Input: Community Forum</b>	<b>Responses</b>
Have Community develop coordinated effort to educate policymakers on impact of multiple changes to our system (5% cuts do not work).	A coordinated legislative effort is a great suggestion, particularly now that we have an opportunity to start early and contact partner agency's and collaborators.
Must get policymakers to table to understand their intent does not always translate to service levels (Plan a symposium to increase understanding).	A legislative event for the Fall, prior to the start of the legislative session, is being planned to address this.



**LINKAGES BETWEEN THE CITY OF AUSTIN,  
TRAVIS COUNTY  
and  
AUSTIN TRAVIS COUNTY INTEGRAL CARE**

The information below provides an overview of direct key linkages between the City of Austin, Travis County and the Austin Travis County Integral Care:

- Austin Travis County Integral Care (ATCIC) serves as the Resource Manager of services provided to thousands of children and adults with mental illnesses, developmental disabilities and substance use disorders, many of whom are this community's most severely disabled. As the public mental health safety net for the City of Austin and Travis County, ATCIC provides around-the-clock emergency psychiatric intervention to people in crisis and serves as the link for these services to the City of Austin Office of Emergency Management.
- As the local mental health and mental retardation authority, i.e., *Resource Manager*, ATCIC has continued to participate in the *Primary Interlocal* since 1996. The current *Primary Interlocal* with the City of Austin requires maintenance of infrastructure, including extensive community wide planning, resource development, management and allocation; prevention, education and awareness efforts; extensive support of the Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC) and the Community Action Network (C.A.N.); support of the New Milestones Foundation's initiatives to combat stigma; and broad based efforts to engage consumers and families in meaningful roles at ATCIC.
- Evaluation of service quality is an integral component of ATCIC's role as an Authority and Resource Manager. ATCIC works closely with staff at the City of Austin and Travis County to ensure effectiveness and satisfaction with outputs and outcomes in several *Interlocal Cooperation Agreements* (the *Interlocals*). Areas of emphasis in FY2011 will continue to be integration of mental health services and primary care in community health clinics; systems care coordination, including the evaluation function, strengthening crisis services, increasing the number of contracted providers and other mutually agreed upon areas of work.
- The *Primary Interlocal* provides required match for state safety net funding. ATCIC's most recently reported leveraged dollars per \$1.00 was \$20.15 for the City of Austin.
- The *Primary Interlocal* requires staff support for three planning partnerships or Issue Area Groups (specific to Behavioral Health, Child and Youth Mental Health and Intellectual and Intellectual and Developmental Disabilities) that encompass participants from related entities. ATCIC Executive Director is currently Chair of the C.A.N. Board





of Directors and a Board member serves on the C.A.N. Board of Directors.

- Since 1999, ATCIC has participated successfully in a resource management *Interlocal* with the City and County to provide network management services for local substance abuse treatment providers. Network management services include development of a provider network, credentialing and contracting, utilization and quality management, claims payment and provider relations. This Interlocal continues as a joint agreement between ATCIC, the City of Austin and Travis County.
- Through another administrative service *Interlocal* with the City and County, ATCIC continues to provide network management services for at-risk youth and their families as the “Broker” for the Youth and Family Assessment Center.
- Through an *Interlocal* with the City, ATCIC continues to oversee the provision of mental health services for individuals presenting with primary care issues masking as depression and other behavioral health problems in the health clinics. Training by a psychiatrist as well as client consultation to increase the diagnostic and clinical management skills of primary care medical staff is a component of this initiative.
- ATCIC maintains a highly productive collaboration with the Housing Authority of the City of Austin and the Housing Authority of Travis County in numerous housing subsidy grants, including renewal of on-going Shelter Plus Care grants.
- ATCIC Board of Trustees accepted the responsibility to oversee the Monitoring Committee for the Mayor’s Mental Health Task Force and continues to provide extensive support to the Mayor’s Mental Health Task Force Monitoring Committee. The Fifth Annual Report was produced for a comprehensive update on the work of the MMHTFMC during the past year. It was presented to the ATCIC Board and the City Council in the Spring of 2010. The MMHTFMC will continue for two more years with a change in focus from measuring system change, to ***effectuating*** system change. Community interest remains at a high level for this innovative initiative.
- Participation in the Re-entry Roundtable and the Jail Diversion Planning Group continue to strengthen interagency cooperation and facilitated resource development initiatives essential to effective community support and diversion from incarceration. This involvement is yielding additional community support and opportunities.
- ATCIC’s Director of Communications collaborates with the City of Austin, Travis County and the Travis County Healthcare District on press releases or news events related to behavioral health and developmental disability issues.



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- ATCIC Behavioral Health Division staff serves on the HIV Planning Council and make recommendations regarding HIV funding and priority issues.
- ATCIC, as the local mental health authority, has been contracted by the City of Austin Health and Human Services Department (HHSD) to take the lead for the City and County's Disaster Mental Health Preparedness and Response Capability.

Collaborations including Austin Travis County Integral Care, the City of Austin and Travis County and other entities remain dynamic and productive to address the health and well being of the citizens of our community.



## ATCIC Current Planning Efforts and Community Collaborations

Austin Travis County Integral Care (ATCIC) continues its authority functions as outlined in the *Interlocal Cooperation Agreement* with the City of Austin and as a member of the Community Action Network (C.A.N.).

Staff continues monthly participation on the C.A.N. with the ATCIC Executive Director serving as Chair of the Board of Directors and key staff participating in the Issue Area Group Leaders' Meetings and the Community Dashboard Steering Committee. Staff has maintained leadership roles on the Behavioral Health Planning Partnership (BHPP), the Child and Youth Mental Health Planning Partnership (CYMHPP), and the Intellectual and Developmental Disabilities Coalition (IDDC). Staff also participate in and provide support to the Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC).

ATCIC initiated two major planning projects that will significantly impact all of its organizational planning in the coming years:

1. development of the FY 2011-2013 Strategic Plan and
2. development of the FY 2011-2012 Consolidated Local Service Area Plan which contains its Local Network Development Plan the Crisis Services Plan, the Jail Diversion Action Plan, and the Local Plan.

ATCIC staff is involved in ongoing community planning identifying gaps and needs in Behavioral Health and Intellectual and Developmental Disabilities and linking them to outcomes and indicators. ATCIC has worked to ensure that its efforts enhanced and improved, not duplicated the work done by other organizations and committees.

Additional community planning activities and collaborations between ATCIC, the City of Austin (COA), Travis County and other entities addressing the health and well being of the citizens of our community include:

### Health

- **The Integrated Care Collaboration (ICC)**  
ATCIC is an active member of the ICC, a Health Information Exchange (HIE), for providers serving individuals in the safety net. The ICC is an alliance of healthcare safety net providers working together to increase access, improve quality and impact financing solutions to provide care to the region's medically indigent.
- **Alliance for African American Health in Central Texas**  
Collaborations are maintained with African-American HIV service providers for services specific to the African American community. Behavioral Health Services Division of ATCIC works with African American-based community services and organizations such as Greater Mount Zion Baptist Church.



Community membership and participation with the Citywide Hep C Network continues.

- **The Children's Partnership**

ATCIC remains an active participant in the Partnership that includes public child serving agencies in Travis County, e.g. Juvenile Probation, the Community Resource Coordinating Group (CRCG), ATCIC, the Department of Protective and Regulatory Services (DPRS), and Travis County Health and Human Services and Veteran Services. The Children's Partnership continues to work on system of care expansion for the greater Austin and Travis County community.

- **The Early Childhood Intervention Programs of Austin**

The three programs serving this community continue their collaborative efforts and planning for the child find activities.

- **Managed Services Organization (MSO)**

ATCIC functions as

- MSO for Youth and Family Assessment Center and Travis County Children's Partnership, and
- MSO for Substance Abuse Treatment and Related Behavioral Healthcare and Support Services (SAMSO).

- **Austin Independent School District Grant on the Safe Schools/Healthy Students**

ATCIC is a supporter and collaborator in this Initiative to continue the transformation process for student mental health services in public schools.

- **Travis County Juvenile Court**

ATCIC works together with the Court to screen family members (for substance and alcohol abuse) of juveniles going through the Juvenile Court system.

- **Texas Chapter of the American Association on Intellectual and Developmental Disabilities (AAIDD)**

ATCIC has maintained membership in this state organization, formerly the Texas affiliate of the Association on Mental Retardation, to continue as a leader on the forefront re: IDD issues, policy, and services and supports.

- **Austin Regional Task Force on Autism**

Active participation in the Task Force is continued by ATCIC.

## **Housing & Transportation**

- **Ending Community Homelessness Coalition (ECHO)**

This collaborative has as its goals planning, prioritizing, and developing strategies to end homelessness in Austin, TX. ATCIC is an active participant in the overall role of ECHO which is to identify specific strategies and to oversee ongoing planning efforts and implementation of the Plan to End Chronic Homelessness. Staff is actively involved in the



ECHO Subcommittee planning for permanent supported housing initiatives in the Austin community.

- **Homeless Management Information System (HMIS)**  
ATCIC continues to be responsible for the implementation of the community-wide Homeless Services Data Base, and Service Point Users Group has been assumed by ATCIC in 2001. More than \$5 M was awarded to the Austin Travis County Continuum of Care with support of Service documentation for people who are homeless in the County. This Program coordinates with ECHO.
- **Regional Transportation Coordinating Committee (RTCC)**  
More than 25 agencies and organizations, including ATCIC, meet to collaborate on the coordination of public transportation and client transportation services in the Capital Area (ten county area located in Central Texas).
- **Housing Authority of City of Austin (HACA) and Housing Authority of Travis County, TX.**  
ATCIC continues a long collaboration with both local housing authorities to acquire vouchers for persons with disabilities and other low-income citizens.
- **Front Steps**  
Continued collaboration with staff of Front Steps regarding mental health issues and the homeless.
- **Healthcare for the Homeless Clinics at Austin Resource Center for the Homeless (ARCH) and Salvation Army**  
Collaboration between psychiatric and medical services of homeless population regarding referrals, and those individuals that may require more mental health services than those available at the agencies.
- **Capital Metro, Volunteer Care Givers, and ATCIC** Collaboration between the three organizations continues with the goal to provide reasonable or free transportation to the aging population and individuals with intellectual and developmental disabilities.
- **Collaboration of Certified Housing Developers Organization (CHDO)** Collaboration of developers for-profit, interested community organizations and citizens working to provide decent, affordable housing to low-income households as one of its purposes.
- **Basic Needs Coalition, Housing Stability Subcommittee**  
Collaboration of partnering agencies
  - addressing and responding to the basic needs financial assistance areas needed to maintain/obtain housing;
  - bringing together providers in a planning process that are interested in establishing housing stability through sharing information, and discussing gaps, challenges and other related



issues, and exploring opportunities to collaborate to improve housing stability success in our community.

### **Community Education, Awareness, & Advocacy**

- **The Central Texas African American Family Support Conference**  
ATCIC hosts and organizes conference with more than 500 attendees in collaboration with community organizations and volunteers.
- **Psychological Wellness Series**  
Travis County Health and Human Services and Veterans Services, the Self Help Advocacy Center (SHAC), and ATCIC developed a psychological wellness series for consumers.
- **One Voice (formerly AAHSA)**  
ATCIC remains actively involved advocating and working on initiatives with this network of more than 70 non-profit community-based health and human service organizations committed to convey the human service needs of the Austin area community to policy makers and the public and to support member organizations in meeting these needs
- **Area Agency on Aging of the Capital Area (AAACAP)**  
Partnership between ATCIC and AAACAP to provide specialized training to care givers of aging population of the Developmental Disabilities Services Network.

### **Safety & Justice**

- **Austin Travis County Mental Health Jail Diversion Committee**  
Great progress continues toward creating and supporting improved forensic behavioral health services, mental health-sensitive criminal justice services, and new crisis stabilization beds for the community during quarterly meetings. Automated daily sharing of mental health information regarding those in jail or prison was successfully initiated.
- **Psychiatric Services Stakeholder Meeting (PSSM)**  
ATCIC continues to meet monthly with the City, County, Healthcare District, Seton Family of Hospitals and St. David's Hospital to implement and manage an improved crisis services system for Austin and Travis County. The PSSM is a sub-committee of the **Central Health**, formerly known as The Travis County Healthcare District
- **Crisis Intervention Team**  
Monthly meetings between ATCIC and the mental health units, Crisis Intervention Teams (CIT), of the Austin Police Department and Travis County Sheriff's Office continue to strengthen their collaboration
- **Re-entry Roundtable**  
Austin/Travis County Reentry Roundtable identifies and implements collaborative community-wide strategies for the effective reintegration



of formerly incarcerated persons, thereby reducing recidivism, supporting victims and promoting public safety in Austin/Travis County.

- **City of Austin & Travis County Emergency and Disaster Response**  
ATCIC collaborates with the City and County emergency and disaster response efforts with regard to emergency sheltering, pandemic flu, strategic national stockpile of vaccines, aviation disasters, mass fatalities, natural disasters, and terrorism. Partnering agencies include COA Homeland Security and Emergency Management Department, the COA Health and Human Services, Travis County Health and Human Services Department, Red Cross, Austin Police Department, Austin EMS, the Travis County Sheriff's Department, The University of Texas at Austin's Student Emergency Services, Counseling Center, and Schools of Social Work, Pharmacy and Nursing. Also, the Capital Area Council of Governments and numerous local non-profit agencies are part of the community emergency and disaster response planning.

#### **Other Planning Activities**

- **Masters' and Bachelors' level student interns**  
There is a continued increase in the number of supported positions for placement of student interns as a result of expanded outreach. Schools collaborating with ATCIC and placing interns include The University of Texas at Austin, Texas State University, St. Edwards University, Rice University, Southwestern University, the University of Texas at San Antonio, Concordia University, and Huston-Tillotson University.
- **Family Support Cooperatives**  
Austin Independent School District (AISD), The Arc of the Capital Area and ATCIC, plan together to provide training and support to families through the Cooperatives in Austin.
- **Lone Star Association for Persons In Supported Employment (APSE)** – The Network on Employment and less formal associations, including ATCIC, among supported employment providers in the community, to provide technical assistance and supports for the provision of supported employment.
- **Money Follows The Person (MFP)** Collaboration with Department of Aging and Disability Services (DADS) regional staff, other Mental Retardation Authorities, Area Agencies on Aging and Health and Human Services Commission Medicaid financial eligibility and managed care staff has been crucial for ATCIC to participate in the statewide initiative. MFP is designed to promote independence and community living for persons who are elderly or who have disabilities and are moving from institutional settings back into their communities.

These varied collaborative efforts help ensure that the diverse needs of consumers are considered in the planning efforts of other organizations; such efforts frequently lead to the development of new resources.

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